

FA9000006570

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000010029 3)))



H070000100293ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0380

From: **AMY J. PATTERSON**
Account Name : HEALTH CARE PROPERTY INVESTORS, INC.
Account Number : I20060000167
Phone : (407) 650-1068
Fax Number : (407) 835-3235

DISSOLUTION OR WITHDRAWAL

CNL RETIREMENT GP CORP.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

FILED
07 JAN 11 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
07 JAN 11 AM 8:00
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**CNL Retirement GP Corp.

(Name of Corporation)

F99000006570

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

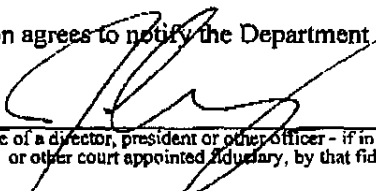
420 South Orange Avenue, Suite 500

(Mailing Address)

Orlando, FL 32801

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Date)

John Mark Ramsey

(Typed or printed name of person signing)

V.P.
(Title of person signing)**FILING FEE \$35**

FILED
07 JAN 11 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA