2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# F99000006571

Entity Name: CNL RETIREMENT LP CORP.

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4920
ORLANDO, FL 32802

New Mailing Address:

450 S. ORANGE AVENUE
SUITE 200, ATTN: AMY PATTERSON
ORLANDO, FL 32801

FEI Number: 59-3614154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOURNE, ROBERT A
450 S. ORANGE AVENUE
ORLANDO, FL 328013336 US

Name and Address of New Registered Agent:

PATTERSON, AMY J
450 S. ORANGE AVENUE
SUITE 200
ORLANDO, FL 328013336 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AMY J. PATTERSON 02/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: DC ( ) Delete
Name: SENEFF, JAMES M JR.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: S ( ) Delete
Name: ROSE, LYNN E
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: EVP ( ) Delete
Name: ANDERSON, PHILLIP M
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: PCEO ( ) Delete
Name: HUTCHISON, THOMAS J III
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: EVP ( ) Delete
Name: BEEBE, STUART J
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: ROSS, KIMBERLY P
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. HUTCHISON, III P 02/28/2005
Electronic Signature of Signing Officer or Director Date