2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006571

City-St-Zip:

City-St-Zip:

Title:

Title:

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

Name: Address: ORLANDO, FL 328013336

ANDERSON, PHILLIP M

ORLANDO, FL 32801

450 S. ORANGE AVENUE

HUTCHISON, THOMAS J III

450 S. ORANGE AVENUE

450 S. ORANGE AVENUE

ORLANDO, FL 32801

BEEBE, STUART J

SIGNATURE: STUART J. BEEBE

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EVP

PCEO

Entity Name: CNL RETIREMENT LP CORP.

FILED Mar 06, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
450 S. ORANGE AVENUE ORLANDO, FL 328013336				420 S. ORANGE AVENUE SUITE 500 ORLANDO, FL 32801			
Current Mailing Address:				New Mailing Address:			
450 S. ORANGE AVENUE SUITE 200, ATTN: AMY PATTERSON ORLANDO, FL 32801				420 S. ORANGE AVENUE SUITE 500 ORLANDO, FL 32801			
FEI Number:	59-3614154	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
PATTERSON, AMY J 450 S. ORANGE AVENUE SUITE 200 ORLANDO, FL 328013336 US				PATTERSON, AMY J 420 S. ORANGE AVENUE SUITE 500 ORLANDO, FL 32801 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:				03/06/2006			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DT () BOURNE, ROBE 450 S. ORANGE ORLANDO, FL 3	AVENUE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DC () SENEFF, JAMES 450 S. ORANGE ORLANDO, FL 3	AVENUE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	S () ROSS, KIMBERI 450 S. ORANGE			Title: Name: Address:	GUTIERREZ	(X) Change ()Addition , LYNN NGE AVENUE, SUITE 500	

ORLANDO, FL 32801 ORLANDO, FL 32801 City-St-Zip: City-St-Zip: I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

City-St-Zip:

Title:

Title:

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32801

ANDERSON, PHILLIP M

ORLANDO, FL 32801

BEEBE, STUART J

ORLANDO, FL 32801

HETTINGA, CLARK

(X) Change () Addition

(X) Change () Addition

(X) Change () Addition

420 S. ORANGE AVENUE, SUITE 500

420 S. ORANGE AVENUE. SUITE 500

420 S. ORANGE AVENUE, SUITE 500

EVP

PCEO

Ρ

Electronic Signature of Signing Officer or Director

Date

03/06/2006