

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003114

FILED  
Feb 23, 2005  
Secretary of State

Entity Name: CNL RETIREMENT MA3 GP HOLDING, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

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

FEI Number: 02-0652533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCARCELLI, LINDA A  
450 S. ORANGE AVE.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

PATTERSON, AMY J  
450 S. ORANGE AVE.  
SUITE 200  
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: AMY J. PATTERSON

02/23/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SENEFF, JAMES M JR  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: BOURNE, ROBERT A  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: ANGELO, BERNARD J  
Address: 445 BROAD HOLLOW ROAD  
City-St-Zip: MELVILLE, NY 11747

**ADDITIONS/CHANGES:**

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT A. BOURNE

MGR

02/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date