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Division of Corporations

Fax Number

: (850)205-0383

From:

AMY J. PATTERSON

Account Name Account Number: 120060000167

: HEALTH CARE PROPERTY INVESTORS, INC.

Phone

: (407)650-1068

Fax Number

: (407)835-3235

LLC DISS/WITH OR REV DISS

CNL RETIREMENT MA4 GP KANSAS CITY KS, LLC

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1/11/2007

H070000095013

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOREIGN WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

CNL Retirement MA4 GP Kansas City KS, LLC		_
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surre authority to transact business in this state.	nders it	ts
This limited liability company revokes the authority of its registered agent to accept so its behalf and appoints the Department of State as its agent for service of process bacause of action arising during the time it was authorized to transact business in Florida.	ervice o sed on	n , a .
420 South Orange Avenue, Suite 500	٠	٠,
(Mailing address)	: '	, ;
σ_{ij}	, '	•
Orlando, FL 32801		,
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future	e of an	у,
change in its mailing address.	2	NS.
	JAN 12	SIGRE
(Signature of member or authorized representative of a member)	~	器
John Mark Ramsey		SOF
	丑	유 S
(Typed or printed name of signee)	ب 5	즼
	59	SNC

Filing Fee: \$25.00