

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002233

FILED  
Feb 07, 2004  
Secretary of State

**Entity Name:** CNL RETIREMENT MA4 GP ST. CHARLES IL, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

**New Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802

**FEI Number:** 20-0103025

**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 AVENUE  
ORLANDO, FL 32801

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

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

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

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

**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

02/07/2004

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