2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# M03000002240

Entity Name: CNL RETIREMENT MA4 GP OMAHA NE, LLC

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

420 S. ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801

Current Mailing Address:

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

New Mailing Address:

420 S. ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801

FEI Number: 20-0105157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, AMY J
450 S. ORANGE AVENUE
SUITE 200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: 04/26/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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 Chapter 119, 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 04/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date