

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001293

FILED
Feb 24, 2005
Secretary of State

Entity Name: CNL RETIREMENT MOP COLUMBIA MD GP, LLC

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

450 S. ORANGE AVE.
ORLANDO, FL 328013336

New Mailing Address:

450 S. ORANGE AVE.
SUITE 200, ATTN: AMY PATTERSON
ORLANDO, FL 328013336

FEI Number: 20-0936005

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 328013336 US

Name and Address of New Registered Agent:

PATTERSON, AMY J
450 S. ORANGE AVE.
SUITE 200
ORLANDO, FL 328013336 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

02/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

Title: MGR () Delete
Name: HUTCHISON, THOMAS J III
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

Title: MGR () Delete
Name: ANGELO, BERNARD J
Address: 445 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 117473336

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 328013336

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: THOMAS J. HUTCHISON, III

MGR

02/24/2005

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