

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001303

Entity Name: CNL RETIREMENT MOP GP, LLC

FILED  
Feb 25, 2005  
Secretary of State

## 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: 20-0934728

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

02/25/2005

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 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: THOMAS J. HUTCHISON, III

MGR

02/25/2005

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