## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003177

Entity Name: CNL RETIREMENT DAS BLUE RIDGE GA GP, LLC

FILED Feb 17, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

450 S. ORANGE AVENUE ORLANDO, FL 328013336

**Current Mailing Address: New Mailing Address:** 

450 S. ORANGE AVENUE

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

ORLANDO, FL 328013336

FEI Number: 20-1477093 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCARCELLI, LINDA A PATTERSON, AMY J 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE ORLANDO, FL 328013336 US 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 02/17/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change ( ) Addition

BEEBE, STUART J BEEBE, STUART J Name: Name: 450 S. ORANGE AVENUE Address: 450 S. ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 328013336 City-St-Zip: ORLANDO, FL 328013336

Title: MGR () Delete Title: () Change () Addition

Name: BOURNE, ROBERT A Name: Address: 450 S. ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 328013336 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change ( ) Addition

ANDERSON, PHILLIP M Name: HUTCHISON, THOMAS J Name: 450 S. ORANGE AVENUE Address: Address: 450 S. ORANGE AVENUE City-St-Zip: ORLANDO, FL 328013336 City-St-Zip: ORLANDO, FL 328013336

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 02/17/2005