

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 24, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # B98000000440**  
 1. Entity Name  
 CNL HOSPITALITY PARTNERS, LP

Principal Place of Business  
 1209 ORANGE STREET  
 WILMINGTON DE 19801

Mailing Address  
 400 E. SOUTH STREET, SUITE 500  
 ORLANDO FL 32801

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 450 S. ORANGE AVENUE  
 Suite, Apt. #, etc.

City & State  
 ORLANDO FL

City & State  
 ORLANDO FL

Zip Country  
 32801 US

4. FEI Number  
**59-3516684**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BOURNE ROBERT A  
 400 E. SOUTH STREET, SUITE 500  
 ORLANDO FL 32801 US

**7. Name and Address of New Registered Agent**

Name  
 BOURNE ROBERT A

Street Address (P.O. Box Number is Not Acceptable)  
 450 S. ORANGE AVENUE

City  
 ORLANDO FL Zip Code  
 32801

8. 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 \_\_\_\_\_ DATE **01/24/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 500,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 500,000,000.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CNL HOSPITALITY GP CORP.	400 E. SOUTH ST., SUITE 500	ORLANDO FL 32801
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY-ST-ZIP
450 S. ORANGE AVENUE	ORLANDO FL 32801

14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ROBERT A. BOURNE, PRESIDENT OF CP

01/24/2000