

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000003432

FILED
Aug 29, 2006
Secretary of State**Entity Name:** CNL RESTAURANT CAPITAL CORP.**Current Principal Place of Business:**450 S. ORANGE AVENUE
ORLANDO, FL 32801**New Principal Place of Business:****Current Mailing Address:**450 S. ORANGE AVENUE
ORLANDO, FL 32801**New Mailing Address:****FEI Number:** 59-3650065**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOOLJAR, DEVI M
450 S ORANGE AVE
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SENEFF, JAMES M JR
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete
Name: BOURNE, ROBERT A
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: CFOS () Delete
Name: SHACKELFORD, STEVEN D
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: SVP (X) Delete
Name: MILLS, ROSEMARY Q
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: DCEO () Delete
Name: MCWILLIAMS, CURTIS B
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete
Name: HOSTETTER, G. RICHARD
Address: 309 HIGH STREET
City-St-Zip: CHATTANOOGA, TN 37403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVP (X) Change () Addition
Name: FARREN, JOHN F
Address: 450 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN D. SHACKELFORD

CFO

08/29/2006

Electronic Signature of Signing Officer or Director

Date