


**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

09 FEB 17 PM 3: 35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

400143744624
02/17/09--01010--006 **300.00

DOCUMENT # F04000004387			
1. Entity Name CNL RESORT CLAREMONT TENANT CORP.			
Principal Place of Business 420 S. ORANGE AVENUE STE. 700 ORLANDO, FL 32801		Mailing Address PO BOX 2226 ORLANDO, FL 32802	
2. Principal Place of Business - No P.O. Box # 1 Post Office Square		3. Mailing Address 1 Post Office Square	
Scale, Apt. #, etc. 3100		Scale, Apt. #, etc. 3100	
City, State Boston MA		City, State Boston, MA	
Zip 02109		Country	
4. FEI Number 20-1400224		Filing For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, STEPHANIE J 420 S. ORANGE AVENUE STE. 700 ORLANDO, FL 32801		7. Name and Address of New Registered Agent CT Corporation System 1200 S Pine Island Rd, Suite 250 Plantation, Florida 33324	
8. The above named entity submits the statement for the purpose of filing the obligations of registered agent: Connie Bryan Signature: <i>Connie Bryan</i> Assistant Secretary Date: 2/2/09		Name CT Corporation System 1200 S Pine Island Rd, Suite 250 Plantation, Florida 33324 FL Zip Code	
FILE NOW!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607 193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE SVP	NAME BLOOM, BARRY A.N. STREET ADDRESS 420 S. ORANGE AVENUE, STE. 700 CITY, ST, ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	
TITLE DT	NAME BOURNE, ROBERT A STREET ADDRESS 450 S. ORANGE AVENUE CITY, ST, ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	
TITLE DP	NAME GRISWOLD, JOHN A STREET ADDRESS 420 S. ORANGE AVENUE, STE. 700 CITY, ST, ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	
TITLE DCEO	NAME HUTCHISON, THOMAS J III STREET ADDRESS 420 S. ORANGE AVENUE, STE. 700 CITY, ST, ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	
TITLE AS	NAME THOMAS, STEPHANIE J STREET ADDRESS 420 S. ORANGE AVENUE, STE. 700 CITY, ST, ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	
TITLE SEVP	NAME STRICKLAND, C BRIAN STREET ADDRESS 420 S. ORANGE AVENUE, STE. 700 CITY, ST, ZIP ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	
TITLE P	NAME Karamjit S. Kalsi STREET ADDRESS 1585 Broadway CITY, ST, ZIP New York, NY 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME Michael T. Quinn STREET ADDRESS 1585 Broadway CITY, ST, ZIP New York, NY 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME Michael J. Franco STREET ADDRESS 1585 Broadway CITY, ST, ZIP New York, NY 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME Daniel C. Wright STREET ADDRESS 1 Post Office Square Ste 3100 CITY, ST, ZIP Boston MA, 02109	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME Warren Fields STREET ADDRESS 1 Post Office Square Ste 3100 CITY, ST, ZIP Boston MA, 02109	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME Jim Dina STREET ADDRESS 1 Post Office Square Ste 3100 CITY, ST, ZIP Boston MA, 02109	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information included on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in Block 10 or Block 11 as changed, or on an assignment with an address, with or without the unpowered.			
SIGNATURE: <i>Connie Bryan</i>		DATE: 2/2/09	

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