

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K64448 (9)					
1. Corporation Name CNL GROWTH CORP.					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:23

Principal Place of Business 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Mailing Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/09/1989		3a. Date of Last Report 04/29/1994	
4. FEI Number 59-2929363		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOURNE, ROBERT A. 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	C/D ☒ Change ☐ Addition
NAME	BOURNE, ROBERT A.	1.2 NAME	SENEFF, JAMES M. JR
STREET ADDRESS	400 EAST SOUTH ST., #500	1.3 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	DP	2.1 TITLE	P/T/D ☒ Change ☐ Addition
NAME	SENEFF, JAMES M., JR.	2.2 NAME	BOURNE, ROBERT A.
STREET ADDRESS	400 EAST SOUTH ST., #500	2.3 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	ORLANDO, FL 32801
TITLE		3.1 TITLE	S ☐ Change ☒ Addition
NAME		3.2 NAME	ROSE, LYNN . E
STREET ADDRESS		3.3 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY - ST - ZIP		3.4 CITY - ST - ZIP	ORLANDO, FL 32801
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (07/30/86), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:  ROBERT A. BOURNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/95 (407)422-1574
Date Signature Printed