

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000548

Entity Name: CNL GL RESORT GP, LLC

FILED  
Mar 29, 2007  
Secretary of State

## Current Principal Place of Business:

450 S ORANGE AVE STE 1200  
ORLANDO, FL 32801

## New Principal Place of Business:

420 S ORANGE AVE STE 700  
ORLANDO, FL 32801

## Current Mailing Address:

450 S ORANGE AVE STE 1200  
ORLANDO, FL 32801

## New Mailing Address:

PO BOX 2226  
ORLANDO, FL 32802

FEI Number: 04-3842932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, STEPHANIE J  
450 S ORANGE AVE STE 1200  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

THOMAS, STEPHANIE J  
420 S ORANGE AVE STE 700  
ORLANDO, FL 32801 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:

03/29/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GRISWOLD, JOHN A  
Address: 450 S ORANGE AVE STE 1200  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: BLOOM, BARRY A.N.  
Address: 450 S ORANGE AVE STE 1200  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: STRICKLAND, C. BRIAN  
Address: 450 S ORANGE AVE STE 1200  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: PEREZ, DAMIAN A  
Address: 445 BRAOD HOLLOW RD STE 239  
City-St-Zip: MELVILLE, NY 11747

Title: MGR ( ) Delete  
Name: BURNS, KEVIN P  
Address: 445 BRAOD HOLLOW RD STE 239  
City-St-Zip: MELVILLE, NY 11747

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GRISWOLD, JOHN A  
Address: 420 S ORANGE AVE STE 700  
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change ( ) Addition  
Name: BLOOM, BARRY A.N.  
Address: 420 S ORANGE AVE STE 700  
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change ( ) Addition  
Name: STRICKLAND, C. BRIAN  
Address: 420 S ORANGE AVE STE 700  
City-St-Zip: ORLANDO, FL 32801

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

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 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: STEPHANIE J. THOMAS

AS

03/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date