

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000427

**Entity Name:** CNL PLAZA II, LTD.

**Current Principal Place of Business:**

450 S. ORANGE AVE  
ORLANDO, FL 32801

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32801-4920

**FEI Number:** 20-0903982

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCARCELLI, LINDA A  
450 S. ORANGE AVE  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # P04000046597  
Name CNL PLAZA II CORP.  
Address 450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

*I hereby 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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA A. SCARCELLI

**SECRETARY OF THE  
GENERAL PARTNER**

04/02/2014

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date