

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **521775** (7)
1. Corporation Name
CNL MANAGEMENT COMPANY

Principal Place of Business
**400 E. SOUTH STREET, SUITE #500
ORLANDO FL 32801**

Mailing Address
**400 E. SOUTH STREET, SUITE #500
ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1731976	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOURNE, ROBERT A. 400 E. SOUTH STREET, SUITE #500 ORLANDO FL 32808		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, MAXINE	1.2 NAME	
STREET ADDRESS	400 E. SOUTH STREET, SUITE 500	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABICHT, KEVIN	2.2 NAME	
STREET ADDRESS	400 E. SOUTH ST. #500	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, LYNN E.	3.2 NAME	
STREET ADDRESS	400 E SOUTH ST 500	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE, ROBERT A.	4.2 NAME	
STREET ADDRESS	400 E SOUTH ST 500	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32801	4.4 CITY - ST - ZIP	
TITLE	PCD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEFF, JAMES N JR	5.2 NAME	P/C/D/CEO
STREET ADDRESS	400 E. SOUTH STREET, SUITE #500	5.3 STREET ADDRESS	SENEFF, JAMES M., JR.
CITY - ST - ZIP	ORLANDO FL 32801	5.4 CITY - ST - ZIP	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENEFF, JAMES N JR	6.2 NAME	
STREET ADDRESS	400 E. SOUTH STREET, SUITE #500	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32801	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE:  JAMES M. SENEFF, JR. 4/7/98 (407) 422-1574

2935946626 4/13/98

CR2E034 (10/97)