

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001675**1. Entity Name
CNL HOTEL RI-ORLANDO LTD.**Principal Place of Business**CNL CENTER AT CITY COMMONS
450 S ORANGE AVE
ORLANDO
328013336

FL

Mailing AddressCNL CENTER AT CITY COMMONS
450 S ORANGE AVE
ORLANDO
328013336

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 4920

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

ORLANDO

FL

Zip

Country

4. FEI Number**59-3681046****Applied For**

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTRICKLAND C. BRIAN
CNL CENTER AT CITY COMMONS
450 S ORANGE AVE
ORLANDO
328013336

US

FL

7. Name and Address of New Registered Agent**Name**

Street Address (P.O. Box Number is Not Acceptable)

City**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/02/2001

DATE

9. Capital Contributions
as Shown on record. 4,950.0010. Amount of Capital Contributions
in FLORIDA to date. 4,950.00**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**12. GENERAL PARTNER INFORMATION**DOCUMENT #
NAME CNL RI-ORLANDO LLC
STREET ADDRESS 450 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 328013336DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP**13. ADDRESS CHANGES ONLY****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****CITY-ST-ZIP****STREET ADDRESS****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 report is true and accurate and that my 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

SIGNATURE: ROBERT A. BOURNE, PRES OF MNC MEMBER OF GP

P

02/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)