

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001757**1. Entity Name
CNL LLB LP HOLDING, LTD.

Principal Place of Business	Mailing Address
CNL CENTER AT CITY COMMONS 450 S ORANGE AVE ORLANDO FL 32801	CNL CENTER AT CITY COMMONS 450 S ORANGE AVE ORLANDO FL 32801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	POST OFFICE BOX 4920 Suite, Apt. #, etc.

City & State	City & State
ORLANDO FL	ORLANDO FL

Zip	Country	Zip	Country
32801	US	32802	US

4. FEI Number
59-3683810

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 Agent	7. Name and Address of New Registered Agent
BOURNE ROBERT A CNL CENTER AT CITY COMMONS 450 S ORANGE AVE ORLANDO FL 32801 US	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 _____ DATE **02/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 4,950.00	10. 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
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CNL LLB GP HOLDING CORP	STREET ADDRESS	
NAME	450 S ORANGE AVE	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO FL 32801		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		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, PRESIDENT OF GP** P 02/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)