

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN 21 PM 2:34

1. Name of Limited Partnership CNL CENTRE II INVESTORS, LTD.	1a. DOCUMENT # A95000001604
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Mailing Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Principal Office Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 10/25/1995	5a. Capital Contributions as Shown on record. \$2,000,000.00
3a. Date of Last Report 04/03/1996	5b. Amount of Capital Contributions in FLORIDA to date: 1,000,000.00
4. State or Country of Formation FL	6. FEI Number 59-3343112
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BOURNE, ROBERT A 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SENEFF, JAMES M JR. BOURNE, ROBERT A	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 400 EAST SOUTH STREET 400 EAST SOUTH STREET	11b. City, State & Zip Code ORLANDO FL 32801 ORLANDO FL 32801	11c. Registration/Document Number
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New Fees 541.25 **KWM**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Robert A. Bourne* DATE 1/7/97
 Typed or Printed Name of General Partner Signing Form ROBERT A. BOURNE Daytime Telephone Number 407-422-1574

CR2E003 (6/96)