CEMBER 31, 1998 OR LIMITED PARTNERSHIP O REVOCATION AND \$500 PENALTY FEE

-WILL BE SUBJECT To
LIMITED PARTNERSHIP
ANNUAL REPORT
1999
1. Name of Limited Partnership
CNL PLAZA, LTD.
Mailing Address
400 EAST SOUTH STREET. SUITE 500 ORLANDO FL 32801
2. Mailing Address
Suite, Apt. #, etc.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 21 AM 8: 23

1/5	
tered 5a. Capital Contributions as	
\$10,000,000.00	
5b. Amount of Capital Contributions in FLORIDA to date:	
\$3,122,436	
6. FEI Number 59-3487032 Applied For Not Applicable	
7. Certificate of Status Desired \$8.75 Additional	
Fee Required b: Dept. of State (See reverse side for fee information)	
Registered Agent/Office	
x Number is Rola 10 10 27 3 2 3 3 7 0 - 01/06/39 01078 017	
****526.25 ****526.25	
FL Zip Code	
laws of the State of Florida, submits this statement s), I hereby accept the appointment of registered DATE.	
OTHER BUSINESS ENTITY E.	
11c. Registration/	
A9700002615	
{	
to change a general partner.	
to change a general partner.), Florida Statutes. I release the Division of ss. I further certify that the information indicated on Partner of the limited partnership, receiver or trustee	
), Florida Statutes, I release the Division of ss. I further certify that the information indicated on	