

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000002680**1. Entity Name
CNL POINT INVESTORS, LTD.

Principal Place of Business	Mailing Address
450 S. ORANGE AVENUE	450 S. ORANGE AVENUE
ORLANDO FL 32801	ORLANDO FL 32801

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

City & State	City & State
ORLANDO FL	ORLANDO FL
Zip	Zip
Country	Country
32801	32802

4. FEI Number	Applied For
59-3547100	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
BOURNE ROBERT A	
450 S. ORANGE AVENUE	
ORLANDO	FL
32801	US

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	03/05/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

9. Capital Contributions as Shown on record. 6,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CNL POINT INVESTORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	450 S. ORANGE AVENUE		
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		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 GP	P	03/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

CR2E003 (11/00)