

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 08:00 AM

Secretary of State

DOCUMENT # B00000000139

1. Entity Name
CNL FINANCIAL LP HOLDING, LP

Principal Place of Business

450 S. ORANGE AVENUE

ORLANDO FL 32801

Mailing Address

450 S. ORANGE AVENUE

ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

P.O. BOX 4920

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip Country
32802

4. FEI Number
59-3594964

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

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 _____ DATE 03/02/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 1,000,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 1,000,000,000.00

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

DOCUMENT #
NAME CNL FINANCIAL GP HOLDING CORP.
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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: STEVEN D. SHACKELFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CFO 03/02/2001

Date

Daytime Phone #

CR2E003 (11/00)