

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000085048 3)))



H080000850483ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

CNL RESTAURANT CAPITAL, LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED/RECEIVED

2008 APR -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR -3 AM 8:38

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

Help

APR - 4 2008

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CNL RESTAURANT CAPITAL, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/26/2004 3. B00000000135
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GOOLJAX, DEVI
Name
430 SOUTH ORANGE AVENUE
Address
ORLANDO, FL 32801
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Calvin E. P. Harkin
Signature of General Partner *GP of LP*

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Anthony LiCausi
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

Anthony LiCausi
Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR -3 AM 8:38