

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # B00000000388**1. Entity Name
CNL COMMERCIAL FUNDING, LP

Principal Place of Business 450 SO. ORANGE AVE. ORLANDO FL 32801	Mailing Address 450 SO. ORANGE AVE. ORLANDO FL 32801
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 4920 Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
Zip 32801	Country FL

4. FEI Number 59-3650070	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HABICHT KEVIN B
450 SO. ORANGE AVE.

ORLANDO FL 32801**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 **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,000,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	CNL COMMERCIAL, INC. 450 SO. ORANGE AVE. ORLANDO FL 32801	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
		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: KEVIN B. HABICHT CFO 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)