

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B03000000100

**Entity Name:** CNL NEW ORLEANS HOTEL, LP

**FILED**  
**Apr 21, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

450 SO. ORANGE AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

450 SO. ORANGE AVENUE  
ORLANDO, FL 32801

**New Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802

**FEI Number:** 80-0058203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCARCELLI, LINDA A  
450 SO. ORANGE AVENUE  
ORLANDO, FL 32801

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 4,975.00

**Amount of Capital Contributions in Florida to date:** 4,975.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: CNL NEW ORLEANS HOTEL GP, LLC

Address: 450 SO. ORANGE AVENUE

City-St-Zip: ORLANDO, FL 32801

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAUL H. WILLIAMS

SVP

04/21/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date