# 2009 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2009 AUG -4 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000186

1. Entity Name
CNL BILTMORE RESORT, LP

| Principal Place of Business | Mailing Address |
|---|---|
| 420 S. ORANGE AVENUE<br>STE 700<br>ORLANDO, FL 32801 | PO BOX 2226<br>ORLANDO, FL 32801 |

06112009 REIN-LP CR2E100 (1/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1 POST OFFICE SQUARE | 1 POST OFFICE SQUARE |
| Suite, Apt. #, etc.: 3100 | Suite, Apt. #, etc.: 3100 |
| City & State: BOSTON, MA | City & State: BOSTON, MA |
| Zip: 02109 Country: | Zip: 02109 Country: |

4. FEI Number: 20-0965736 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| THOMAS, STEPHANIE J<br>420 S. ORANGE AVENUE<br>STE 700<br>ORLANDO, FL 32801 | Name: DANIEL COOLEY<br>Street Address (P.O. Box Number is Not Acceptable)<br>121 S. ORANGE AVE STE-1500<br>City: ORLANDO FL Zip Code: 32801 |

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

**FILE NOW!!! FEE IS $1000.00**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # | M04000001343 | STREET ADDRESS | 1 POST OFFICE SQUARE STE 3100 |
| NAME | CNL RESORT SPE GP, LLC | CITY-ST-ZIP | BOSTON, MA 02109 |
| STREET ADDRESS | 420 S. ORANGE AVENUE, STE 700 | | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 100001522278 |
| NAME | | CITY-ST-ZIP | 08/04/09--01024--002 **1000.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | REINSTATEMENT 08-09 |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 7/15/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #