

# 2009 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2009 AUG -4 AM 10: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000187	
1. Entity Name CNL DESERT RESORT, LP	



Principal Place of Business 420 S. ORANGE AVENUE STE 700 ORLANDO, FL 32801	Mailing Address PO BOX 2226 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box # 1 Post Office Square Suite, Apt. #, etc. 3100 City & State BOSTON, MA Zip 02109 Country	3. Mailing Address 1 Post Office Square Suite, Apt. #, etc. 3100 City & State BOSTON, MA Zip 02109 Country
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06112009 REIN-LP CR2E100 (1/07)

4. FEI Number 20-0965850	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, STEPHANIE J 420 S. ORANGE AVENUE STE 700 ORLANDO, FL 32801
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7. Name and Address of New Registered Agent Name DANIEL COOLEY Street Address (P.O. Box Number is Not Acceptable) 121 S. ORANGE AVE STE-1500 City ORLANDO FL Zip Code 32801
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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 [Signature] DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee 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 # NAME STREET ADDRESS CITY-ST-ZIP	M04000001343 CNL RESORT SPE GP, LLC 420 S. ORANGE AVENUE, STE 700 ORLANDO, FL 32801	STREET ADDRESS CITY-ST-ZIP	1 Post Office Square Ste 3100 Boston, MA 02109
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REINSTATEMENT

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: [Signature] DATE 7/14/09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE