

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B05000000140

**FILED**  
**Mar 02, 2006**  
**Secretary of State**

**Entity Name:** CNL CLAREMONT SUB SENIOR MEZZ, LP

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

420 S. ORANGE AVENUE  
STE 700  
ORLANDO, FL 32801

**Current Mailing Address:**

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

**New Mailing Address:**

PO BOX 2226  
ORLANDO, FL 32802

FEI Number: 34-2042057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, STEPHANIE J  
450 S. ORANGE AVENUE  
ORLANDO, FL 32801 US

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

THOMAS, STEPHANIE J  
420 S. ORANGE AVENUE  
STE 700  
ORLANDO, FL 32801 US

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

03/02/2006

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M05000001444  
Name: CNL CLAREMONT SUB SENIOR MEZZ GP, LLC  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

**ADDRESS CHANGES ONLY:**

Address: 420 S. ORANGE AVENUE, STE 700  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BARRY AN BLOOM SVP OF GENERAL PARTNER

SVP

03/02/2006

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

\_\_\_\_\_  
Date