

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003430

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: CNL RESTAURANT CAPITAL GP CORP.

## Current Principal Place of Business:

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4920  
ORLANDO, FL 32802

## New Mailing Address:

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

FEI Number: 59-3650088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOURNE, ROBERT A  
450 S ORANGE AVE  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

GOOLJAR, DEVI M  
450 S ORANGE AVE  
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: DEVI M. GOOLJAR

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SENEFF, JAMES M JR  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: BOURNE, ROBERT A  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: CFOS ( ) Delete  
Name: SHACKELFORD, STEVEN D  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: DCEP ( ) Delete  
Name: MCWILLIAMS, CURTIS B  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: CCO ( ) Delete  
Name: WESLEY, DAVID  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: SVP ( ) Delete  
Name: FARREN, JOHN L  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN D. SHACKELFORD

D

04/07/2005

Electronic Signature of Signing Officer or Director

Date