2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 08:00 AM F00000003441 DOCUMENT# 1. Entity Name **Secretary of State** CNL RESTAURANT NET LEASE GP HOLDING CORP. Principal Place of Business Mailing Address P.O. BOX 4920 P.O. BOX 4920 ORLANDO FL ORLANDO FL32802 32802 2. Principal Place of Business 3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL 59-3651112 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOURNE ROBERT 450 S ORANGE AVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO 32801 Zip Code 8. 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 02/28/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE X Addition ☐ Change MAME WHITEJOHNSON NAME STREET ADDRESS STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32801 ☐ Delete TITLE ☐ Change X Addition NAME NAME BEATY CLINTON STREET ADDRESS STREET ADDRESS 450 S. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL32801 ☐ Delete TITLE CFO X Change ☐ Addition WHITEJOHNSON NAME DUARTE IXCHELL STREET ADDRESS 450 S ORANGE AVE STREET ADDRESS 450 S ORANGE AVE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL. 32801 Delete TITLE Change ☐ Addition SHACKELFORD NAME COFF BARRY STREET ADDRESS 450 S ORANGE AVE STREET ADDRESS 450 S ORANGE AVE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP FLORLANDO 32801 TITLE Delete TITLE D X Change ☐ Addition WALKER JOHN NAME BOURNE ROBERT STREET ADDRESS 450 S ORANGE AVE STREET ADDRESS 450 S ORANGE AVE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL32801 TITLE ☐ Delete TITLE DCEO Change ☐ Addition SENEFF JAMES MJR NAME SENEFF JAMES STREET ADDRESS 450 S ORANGE AVE STREET ADDRESS 450 S ORANGE AVE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO 32801 13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: _MICHAEL I. WOOD COO 02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #