2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2001 08:00 AM F00000006412 DOCUMENT # 1. Entity Name **Secretary of State** CNL LLB SHS MANAGEMENT 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 AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO 59-3683813 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 FL32801 US 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 03/02/2001 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 Change ☐ Addition C. BRIAN J MAME STRICKLAND NAME STRICKLAND C. BRIAN STREET ADDRESS 450 S ORANGE AVE STREET ADDRESS 450 S ORANGE AVE CITY-ST-ZIP ORLANDO \mathbf{FL} 32801 CITY-ST-ZIP ORLANDO ☐ Delete TITLE X Change NAME HUTCHISON THOMAS лп THOMAS NAME HUTCHISON .пп STREET ADDRESS 450 S ORANGE AVE STREET ADDRESS 450 S ORANGE AVE CITY-ST-ZIP ORLANDO \mathbf{FL} 32801 CITY-ST-ZIP ORLANDO FL32801 ☐ Delete TITLE EVP X Change ☐ Addition MULLER CHARLES MULLER NAME CHARLES STREET ADDRESS 450 S ORANGE AVE STREET ADDRESS 450 S ORANGE AVE CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP ORLANDO FL. 32801 TITLE ☐ Delete TITLE Change ☐ Addition BURNS STIDD NAME ANDREW STREET ADDRESS 114 W 47TH ST SUITE 1715 STREET ADDRESS 114 W 47TH ST SUITE 1715 CITY-ST-ZIP NEW YORK 10036 CITY-ST-ZIP NEW YORK 10036 NV TITLE DΡ Delete TITLE ☐ Change ☐ Addition BOURNE ROBERT NAME STREET ADDRESS 450 S ORANGE AVE STREET ADDRESS CITY-ST-ZIP ORLANDO 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE DCEO Change ☐ Addition SENEFF MJR JAMES NAME SENEFF 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.

03/02/2001

Daytime Phone #

Date

ROBERT A. BOURNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

KYLE L. WHITEJOHNSON, ASSIST. SECRETARY

450 S. ORANGE AVE. ORLANDO, FL 32801

LYNN E. ROSE, SECRETARY/TREASURER

450 S. ORANGE AVE. ORLANDO, FL 32801