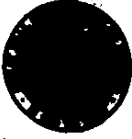


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90564 025 ***150.00

DOCUMENT # F01000003799	
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1. Entity Name
CNL SBA License, Inc.
(f/k/a) CNL Commercial Lending Corp.

Principal Place of Business 26137 La Paz Road, Suite 102 Mission Viejo, CA 92691	Mailing Address 26137 La Paz Road, Suite 102 Mission Viejo, CA 92691
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2. Principal Place of Business Suite, Apt. #, etc. 450 South Orange Avenue	3. Mailing Address Suite, Apt. #, etc. 450 South Orange Avenue
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City & State Orlando, FL	City & State Orlando, FL
Zip 32801-3336	Country

04192005 Chg-P CP2E034 (10/03)

4. FEI Number 59-3732776	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 CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) **DATE** _____

FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$250.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fee**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR BRIAN H. FLUCK 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801-3336 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP/CFO/SECRETARY/DIRECTOR HENRY E. MOORHEAD 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801-3336 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/CBO/DIRECTOR JAMES M. SENEFF, JR. 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801-3336 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KEVIN B. HABCHT 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801-3336 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY LINDA A. SCARCELLI 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801-3336 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other file empowered.

SIGNATURE: Henry E. Moorhead
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

4-25-05

407.650-1270

Date Daytime Phone #