

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 FEB 17 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003155			
1. Entity Name CNL GA TENANT CORP.			
Principal Place of Business 420 S. ORANGE AVENUE STE 700 ORLANDO, FL 32801		Mailing Address P.O. BOX 2226 ORLANDO, FL 32802-2226	
2. Principal Place of Business - No P.O. Box 1 Post Office Square Suite, Apt. #, etc. 3100		3. Mailing Address 1 Post Office Square Suite, Apt. #, etc. 3100	
City & State Boston, MA		City & State Boston, MA	
Zip 02109		Zip 02109	
Country		Country	
6. Name and Address of Current Registered Agent THOMAS, STEPHANIE J 420 S. ORANGE AVE. STE 700 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name CT Corporation System 1200 S Pine Island Rd, Suite 250 Plantation, Florida 33324 FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its name, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.			
SIGNATURE <u>Connie Bryan</u> Signature, name of person named as registered agent and for registered agent		DATE 2/2/09 Assistant Secretary	
FILE NOW! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME DC SENEFF, JAMES M JR STREET ADDRESS 450 S. ORANGE AVE. CITY, ST, ZIP ORLANDO, FL 328013336	☒ Delete	NAME P Karamjit S. Kelsi STREET ADDRESS 1585 Broadway CITY, ST, ZIP New York, NY 10036	☐ Change ☐ Addition
NAME DT BOURNE, ROBERT STREET ADDRESS 450 S. ORANGE AVE CITY, ST, ZIP ORLANDO, FL 328013336	☒ Delete	NAME D Michael J. Franco STREET ADDRESS 1585 Broadway CITY, ST, ZIP New York, NY 10036	☐ Change ☐ Addition
NAME CEO HUTCHISON, THOMAS J III STREET ADDRESS 420 S. ORANGE AVE., STE 700 CITY, ST, ZIP ORLANDO, FL 32801	☒ Delete	NAME D Michael T. Quinn STREET ADDRESS 1585 Broadway CITY, ST, ZIP New York, NY 10036	☐ Change ☐ Addition
NAME SVP BLOOM, BARRY A N STREET ADDRESS 420 S. ORANGE AVE., STE 700 CITY, ST, ZIP ORLANDO, FL 32801	☒ Delete	NAME VP Daniel C. Wright STREET ADDRESS 1 Post Office Square Ste 3100 CITY, ST, ZIP Boston MA, 02109	☐ Change ☐ Addition
NAME P GRISWOLD, JOHN A STREET ADDRESS 420 S. ORANGE AVE., STE 700 CITY, ST, ZIP ORLANDO, FL 32801	☒ Delete	NAME VP Warren Fields STREET ADDRESS 1 Post Office Square Ste 3100 CITY, ST, ZIP Boston MA, 02109	☐ Change ☐ Addition
NAME SEVP STRICKLAND, C. BRIAN STREET ADDRESS 420 S. ORANGE AVENUE, STE 700 CITY, ST, ZIP ORLANDO, FL 32801	☒ Delete	NAME VP Jim Dina STREET ADDRESS 1 Post Office Square Ste 3100 CITY, ST, ZIP Boston MA, 02109	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing is true, not ready for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and correct 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed or on an addition with an address with all other the empowered.			
SIGNATURE: <u>Daniel C. Wright</u> SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/2/09	

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