2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002403

Entity Name: CNL RESORT DESERT REAL ESTATE, INC.

FILED Mar 07, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	NGE AVENUE FL 328013336						
Current Mailing Address:				New Mailing Address:			
P.O. BOX 4920 ORLANDO, FL 328024920			P.O. BOX 2226 ORLANDO, FL 328022226				
FEI Number:	33-0589265	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
SCARCELLI, LINDA A 450 S. ORANGE AVENUE ORLANDO, FL 328013336 US				THOMAS, STEPHANIE J 450 S. ORANGE AVENUE ORLANDO, FL 328013336 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: STEPHANIE J THOMAS				03/07/2005			
	Electronic	Signature of Registered Agent	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () C GRISWOLD, JOH 450 S. ORANGE ORLANDO, FL 3	AVENUE		Title: Name: Address: City-St-Zip:	() (Change()Addition	
Title: Name: Address: City-St-Zip:	V () DARR, EUGENE 49-499 EISENHO LA QUINTA, CA S	WER DRIVE		Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	VTS () D BLOOM, BARRY 450 S. ORANGE ORLANDO, FL 3	AVENUE		Title: Name: Address: City-St-Zip:	DVTS (X) BLOOM, BARRY 450 S. ORANGE ORLANDO, FL 3	AVENUE	
Title: Name: Address: City-St-Zip:	DV () D WILLIAMS, PAUL 450 S. ORANGE ORLANDO, FL 3	AVENUE		Title: Name: Address: City-St-Zip:	D (X) STRICKLAND, C 450 S. ORANGE ORLANDO, FL 3	AVENUE	
Title: Name: Address: City-St-Zip:	D () C STIDD, ANDREW 445 BROAD HOL MELVILLE, NY 1	LOW ROAD		Title: Name: Address: City-St-Zip:	() (Change()Addition	
Title: Name: Address: City-St-Zip:	D () E WONG, TONY 2323 62ND STRE BROOKLYN, NY			Title: Name: Address: City-St-Zip:	WONG, TONY	Change()Addition STREET, SUITE 1715 10036	

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: BARRY AN BLOOM V 03/07/2005