## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002404

Entity Name: CNL RESORT BILTMORE REAL ESTATE, INC.

FILED Apr 25, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
450 S. ORANGE AVE. ORLANDO, FL 328013336  Current Mailing Address:				420 S. ORANGE AVE. STE. 700 ORLANDO, FL 328013336 New Mailing Address:		
FEI Number	: 33-0938464	FEI Number Applied For ( )	FEI Nui	mber Not App	licable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:
THOMAS, STEPHANIE J 450 S. ORANGE AVE. ORLANDO, FL 328013336 US				THOMAS, STEPHANIE J 420 S. ORANGE AVE. STE. 700 ORLANDO, FL 328013336 US		
	e named entity e of Florida.	submits this statement for the	purpose o	of changing i	its registered	office or registered agent, or both,
SIGNATURE:				04/25/2006		
	Electro	nic Signature of Registered Ag	gent			Date
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DP ( GRISWOLD, 3 450 S. ORANO ORLANDO, FL	SE AVE.		Title: Name: Address: City-St-Zip:	GRISWOLD,	GE AVE., STE. 700
Title: Name: Address: City-St-Zip:	DVPT ( BLOOM, BARI 450 S. ORANO ORLANDO, FL	SE AVE.		Title: Name: Address: City-St-Zip:	BLOOM, BARI 420 S. ORANG	GE AVE., STE. 700
Title: Name: Address: City-St-Zip:	S ( BLOOM, BARI 450 S. ORANO ORLANDO, FL	SE AVE.		Title: Name: Address: City-St-Zip:	BLOOM, BARI 420 S. ORANG	GE AVE., STE. 700
Title: Name: Address: City-St-Zip:	D ( STRICKLAND, 450 S. ORANG ORLANDO, FL	SE AVE.		Title: Name: Address: City-St-Zip:	STRICKLAND	GE AVE., STE. 700
Title: Name: Address: City-St-Zip:	D ( STIDD, ANDRI 445 BROAD H MELVILLE, NY	OLLOW RD		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: Citv-St-Zip:	WONG, TONY	) Delete TH STREET, SUITE 1715		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 A.N. BLOOM SVP 04/25/2006