


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90210 022 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000003037</b>					
1. Corporation Name <b>CNL APF LP CORP.</b>					
Principal Place of Business <b>400 E. SOUTH ST., STE. 500 ORLANDO FL 32801</b>			Mailing Address <b>400 E. SOUTH ST., STE. 500 ORLANDO FL 32801</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/29/1998</b>	
21		26		4. FEI Number <b>59-3512196</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>BOURNE, ROBERT A 400 E. SOUTH ST., STE. 500 ORLANDO FL 32801</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>CD SENEFF, JAMES M JR.</b>					
STREET ADDRESS <b>400 E. SOUTH ST., STE. 500</b>					
CITY-ST-ZIP <b>ORLANDO FL 32801</b>					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>CPD BOURNE, ROBERT A</b>					
STREET ADDRESS <b>400 E. SOUTH ST., STE. 500</b>					
CITY-ST-ZIP <b>ORLANDO FL 32801</b>					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>V MCWILLIAMS, CURTIS B</b>					
STREET ADDRESS <b>400 E. SOUTH ST., STE. 500</b>					
CITY-ST-ZIP <b>ORLANDO FL 32801</b>					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>ST ROSE, LYNN E</b>					
STREET ADDRESS <b>400 E. SOUTH ST., STE. 500</b>					
CITY-ST-ZIP <b>ORLANDO FL 32801</b>					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>EVP Muller, Charles A.</b>					
STREET ADDRESS <b>400 E. South Street #500</b>					
CITY-ST-ZIP <b>Orlando, FL 32801</b>					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>EVP Wall, Jeanne A.</b>					
STREET ADDRESS <b>400 E. South Street #500</b>					
CITY-ST-ZIP <b>Orlando, FL 32801</b>					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 1999

407-650-1000

Date

Daytime Phone #

CR2E034 (1/98)