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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800003833

ORLANDO FL 32801

CNL HOSPITALITY LP CORP.

Principal Place of Business										
400 E. SOUTH STREET, STE 500										

Mailing Address

400 E. SOUTH STREET. STE 500 ORLANDO FL 32801

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

04-29-1999 90210 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/06/1998

							011001100	·				
2. Principal Pl	ace of Business	2a.	2a. Mailing Address				4. FEI Number				Applied For	
21		26	26				59-351667	77	_		Not Applicable	
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75	Additional	
22		27					5. Certificate of	Status Desired		Fee	Required	
City & State	e	 -	City & State				6. Election Can	paign Financing		\$5.0	O May Be	
23	_	28	•				Trust Fund C				d to Fees	
Zip	Country	1-01	Zip	Country	,		8. This corporation owes the current year Intangible					
24	25	29	3				Personal Pro			X Yes	□No	
24	9. Name and Address of Current	11		-			10. Name and A	<u>'</u>	Registered	Agent		
	3. Nume und Address of Continu			81	N	ame						
BOURNE, ROBERT A 400 E. SOUTH ST., STE 500												
					Si	treet Addres	ddress (P.O. Box Number is Not Acceptable)					
	ANDO FL 32801					83						
01.0				55								
				84	С	ity				85 Zi	p Code	
				,					FL			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 6	07.1508, Florida Statutes	, the above	e-na	amed corpor	ration submits this	statement for the	e purpose of	changing	registered	
onice or r	egistered agent, or both, in the State on familiar with, and accept the obligat	ions of	, Section 607.0505, Florid	la Statutes		corporation	is board or directo	is. I lieicby door	op. alo appoi			
=			•									
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Ri	egistered Ager	nt sign	nature required v	when reinstating)		DATE			
12.	OFFICERS ANI	D DIRE	CTORS	13.			ADDITIONS/C	HANGES TO O	FFICERS AN			
TITLE	PD		☐ DELETE	1.1 TITLE						Chang	je 🗌 Addition	
NAME	BOURNE, ROBERT A		•	1.2 NAME								
STREET ADDRESS	400 E. SOUTH STREET, STE 50	00		1.3 STREE	TADD	RESS						
CITY-ST-ZIP	ORLANDO FL	-			T-ZIP	,						
TITLE	V		□ DELETE	2.1 TITLE						☐ Chang	je 🔲 Addition	
NAME	MULLER, CHARLES A		_	2.2 NAME								
	400 E. SOUTH STREET, STE 50	'n		2.3 STREE	ተ ልቦናቦ	DESS						
STREET ADDRESS	•	JU				1						
CITY-ST-ZIP	ORLANDO FL		☐ DELETE	2.4 CITY-5 3.1 TITLE	51-ZII	P				☐ Chang	e	
TITLE	ST		□ nere1€								,	
NAME	ROSE, LYNN E			3.2 NAME								
STREET ADDRESS	400 E. SOUTH STREET, STE 50	JU		3.3 STREE	TADD	DRESS						
CITY-ST-ZIP	ORLANDO FL			3.4. CITY-5	ST-ZIF					CT OL	- DANGE	
TITLE	CD		☐ DELETE	4.1 TITLE		_ C/	/D/CEO			[X] Chang	ge 🗌 Addition	
NAME	SENEFF JR, JAMES M			4. 2 NAME								
STREET ADDRESS	400 E. SOUTH STREET, STE 50	00		4.3 STREE	TADE	DRESS						
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-S	T-ZIP	•]						
TITLE	V		☐ DELETE	5.1 TITLE		E	/P			Chang	ge 🔲 Addition	
NAME	WALL, JEANNE A			5.2 NAME		,						
STREET ADDRESS	400 E. SOUTH STREET, STE 50	00		5.3 STREE	TADE	ORESS						
	ORLANDO FL			5.4 CITY-S	T-ZIP	,						
CITY-ST-ZIP TITLE	V		DELETE	6.1 TITLE						☐ Chang	ge Addition	
	STRICKLAND, C B		C	6.2 NAME						_ '	_	
NAME		20		6.3 STREE	TAIV	DRESS						
STREET ADDRESS	400 E. SOUTH STREET, STE 50	JU										
CITY-ST-ZIP	ORLANDO FL			6.4 CITY-S	i-ZIP	' <u></u>						

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

April 9, 1999

407-650-1000