2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003834

Entity Name: CNL HOSPITALITY GP CORP.

FILED Feb 10, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
450 SOUTH ORANGE AVENUE ORLANDO, FL 328013336					
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 4920 ORLANDO, FL 328024920					
FEI Number:	59-3516676	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BOURNE, ROBERT A 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT () I BOURNE, ROBE 450 SOUTH ORA ORLANDO, FL 3	NGE AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	EVP ()[MULLER, CHARI 450 SOUTH ORA ORLANDO, FL 3	NGE AVENUE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition HUTCHISON, THOMAS J III 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801	
Title: Name: Address: City-St-Zip:	S () I ROSE, LYNN E 450 SOUTH ORA ORLANDO, FL 3		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DCEO ()[SENEFF, JAMES 450 SOUTH ORA ORLANDO, FL 3	NGE AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () [QUINLAN, TAMM 450 SOUTH ORA ORLANDO, FL 3	NGE AVENUE	Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition QUINLAN, TAMMIE 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801	
Title: Name: Address: City-St-Zip:	EVP () I STRICKLAND, C 450 SOUTH ORA ORLANDO, FL 3	NGE AVENUE	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 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: THOMAS J. HUTCHISON, III P 02/10/2004