

F980000004367

Florida Department of State
Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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REGISTERED AGENT CHANGE

CNL HOSPITALITY PROPERTIES, INC.

Certificate of Status	0
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maryland
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: CNL Hospitality Properties, Inc.
2. The principal office address: 450 S. Orange Avenue Orlando, FL 32801
3. The mailing address (if different): PO Box 4920 Orlando, FL 32802
4. Date of incorporation/qualification: 07/30/1988 Document number: F98000004387
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Robert A. Bourne

450 S. Orange Avenue

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

(P.O. Box NOT acceptable)

PLANTATION FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

Barry A. N. Bloom, Senior Vice President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

PETER F. SOUZA

ASSISTANT SECRETARY

(Signature of Registered Agent)

8/2/04
(Date)

If signing on behalf of an entity:

CT CORPORATION SYSTEM

(Typed or Printed Name)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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