2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000013471**

1. Entity Name
CNL RI-ORLANDO LLC

Principal Place of Business	Mailing Address
CNL CENTER AT CITY COMMONS 450 S ORANGE AVE ORLANDO FL 328013336	CNL CENTER AT CITY COMMONS 450 S ORANGE AVE ORLANDO FL 328013336

2. Principal Place of Business		3. Mailing Address	
		CNL CENTER AT CITY COMMONS	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 4920	
City & State		City & State ORLANDO FL	
Zip	Country	Zip 32802	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3680951** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRICKLAND C. BRIAN CNL CENTER AT CITY COMMONS 450 S ORANGE AVE ORLANDO FL 328013336	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 ______________________ 04/02/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CNL HOSPITALITY PROPERTIES INC		NAME		
STREET ADDRESS	450 S ORANGE AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 328013336		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT A. BOURNE P 04/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #