

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015372

Entity Name: RESTAURANT ASSETS, LLC

FILED  
Apr 07, 2005  
Secretary of State

**Current Principal Place of Business:**

450 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

450 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801

FEI Number: 56-2284137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOURNE, ROBERT A  
450 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

GOOLJAR, DEVI M  
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: DEVI M. GOOLJAR

04/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CNL FINANCIAL LP HOL, DING, LP  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic 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: STEVEN D. SHACKELFORD

MGR

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date