

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG -4 AM 11:34

DOCUMENT # L06000032191	
1. Entity Name CNL HOTELS & RESORTS, LLC	

Principal Place of Business 420 S. ORANGE AVE. SUITE 700 ORLANDO, FL 32801-3313	Mailing Address P.O. BOX 2226 ORLANDO, FL 32802-2226
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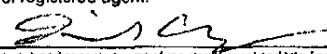
2. Principal Place of Business - No P.O. Box # 1 POST OFFICE SQUARE Suite, Apt. #, etc. 3100 City & State Boston, MA Zip 02109 Country	3. Mailing Address 1 POST OFFICE SQUARE Suite, Apt. #, etc. 3100 City & State Boston, MA Zip 02109 Country
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06112009 REIN-LLC CR2E101 (1/07)

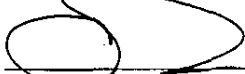
4. FEI Number 13-4324635	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, STEPHANIE J 420 S. ORANGE AVE. SUITE 700 ORLANDO, FL 32801-3313	7. Name and Address of New Registered Agent Name DANIEL COOLEY Street Address (P.O. Box Number is Not Acceptable) 121 S. ORANGE AVE STE-1500 City ORLANDO FL Zip Code 32801
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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. I am familiar with, and accept the obligations of registered agent.	200159189962 08/03/09-01005-016 **277.50
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STRICKLAND, C. BRIAN 420 S. ORANGE AVE. STE 700 ORLANDO, FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTOPHER DEVINE 1 POST OFFICE SQUARE STE-3100 BOSTON, MA 02109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSM MCMULLEN, GREERSON G 420 S. ORANGE AVE. STE 700 ORLANDO, FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN FIELDS 1 POST OFFICE SQUARE STE-3100 BOSTON, MA 02109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOM HUTCHISON, THOMAS J III 420 S. ORANGE AVE. STE 700 ORLANDO, FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JIM DINA 1 POST OFFICE SQUARE STE-3100 BOSTON, MA 02109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOM GRISWOLD, JOHN A 420 S. ORANGE AVE. STE 700 ORLANDO, FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MICHAEL T. QUINN 1 POST OFFICE SQUARE STE-3100 BOSTON, MA 02109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOHN P. BUZA 1 POST OFFICE SQUARE STE 3100 BOSTON, MA 02109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008, 2009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MICHAEL J. FRANCO 1 POST OFFICE SQUARE STE-3100 BOSTON, MA 02109	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date	Daytime Phone #