2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L06000104216

Entity Name: CNL PLAZA GP PARENT, LLC

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 328024920

New Mailing Address:

FEI Number: 16-1776645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 328013336 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BOURNE, ROBERT A	
Address:	450 S ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	( ) Delete
Name:	SENEFF, JAMES M	
Address:	450 S ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	MGR	( ) Delete
Name:	BURNS, KEVIN P	
Address:	445 BROAD HOLLOW ROAD SUITE 239	
City-St-Zip:	MELVILLE, NY 11747	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	BURNS, KEVIN P	
Address:	68 SOUTH SERVICE ROAD, SUITE 120	
City-St-Zip:	MELVILLE, NY 11747	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT A BOURNE MGR 04/08/2008

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