

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104216

FILED
Feb 16, 2009
Secretary of State

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: 68 SOUTH SERVICE ROAD, SUITE 120
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

02/16/2009

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