

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002697

FILED
Apr 05, 2006
Secretary of State

Entity Name: CNL CRYSTAL CITY II HOTEL GP, LLC

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 32801

New Principal Place of Business:

420 S. ORANGE AVE.
STE 700
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 2226
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 20-0185590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, STEPHANIE J
450 S. ORANGE AVE.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

THOMAS, STEPHANIE J
420 S. ORANGE AVE.
STE 700
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:

04/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUTCHISON, THOMAS J III
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: GRISWOLD, JOHN A
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUTCHISON, THOMAS J III
Address: 420 S. ORANGE AVE., STE 700
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change () Addition
Name: GRISWOLD, JOHN A
Address: 420 S. ORANGE AVE., STE 700
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN A GRISWOLD

MGR

04/05/2006

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