## 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M04000001343

Entity Name: CNL RESORT SPE GP, LLC

FILED Apr 29, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1 POST OFFICE SQUARE STE 3100 BOSTON, MA 02109

Current Mailing Address: New Mailing Address:

1 POST OFFICE SQUARE STE 3100 BOSTON, MA 02109

FEI Number: 20-0965611 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COOLEY, DANIEL

121 SOUTH ORANGE AVE

STE 1500

ORLANDO, FL 32801 US

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CONNIE BRYAN 04/29/2011

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: VP

Name: BUZA, JOHN

Address: 1 POST OFFICE SQUARE STE 3100

City-St-Zip: BOSTON, MA 02109

Title: VP

Name: QUINN, MICHAEL

Address: 1 POST OFFICE SQUARE STE 3100

City-St-Zip: BOSTON, MA 02109

Title: VP

Name: FOSTER, MICHAEL

Address: 1 POST OFFICE SQUARE STE 3100

City-St-Zip: BOSTON, MA 02109

Title: VF

Name: DEVINE, CHRISTOPHER

Address: 1 POST OFFICE SQUARE STE 3100

City-St-Zip: BOSTON, MA 02109

Title: VP

Name: FIELDS, WARREN

Address: 1 POST OFFICE SQUARE STE 3100

City-St-Zip: BOSTON, MA 02109

Title: VP Name: DINA, JIM

Address: 1 POST OFFICE SQUARE City-St-Zip: BOSTON, MA 02109

I hereby 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 Statues.

SIGNATURE: JOHN BUZA VP 04/29/2011