2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# M04000002176

Entity Name: CNL HOTEL DEL INTERMEDICATE MEZZ PARTNERS GP, LLC

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

PO BOX 2226
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 20-0493817 **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 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/MEMBERS:

Title: MGR ( ) Delete
Name: BOURNE, ROBERT A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: MGR ( ) Delete
Name: SENEFF, JAMES M JR
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: MGR ( ) Change (X) Addition
Name: STIDD, ANDREW L
Address: 445 BROAD HOLLOW RD
City-St-Zip: MELVILLE, NY 11747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS J HUTCHISON, III MGR 02/21/2005

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