

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003241

FILED
Apr 30, 2010
Secretary of State

Entity Name: CNL RESORT SUB INTERMEDIATE MEZZ GP, LLC

Current Principal Place of Business:

1 POST OFFICE SQUARE STE 3100
BOSOTN, MA 02109

New Principal Place of Business:

Current Mailing Address:

1 POST OFFICE SQUARE STE 3100
BOSTON, MA 02109

New Mailing Address:

FEI Number: 06-1731186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOLEY, DANIEL
121 SOUTH ORANGE AVE
STE 1500
ORLANDO, FL 32801 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: VP
Name: FIELDS, WARREN
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSOTN, MA 02109

Title: VP
Name: FOSTER, MICHAEL
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSOTN, MA 02109

Title: VP
Name: BUZA, JOHN
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSOTN, MA 02109

Title: VP
Name: QUINN, MICHAEL
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

Title: VP
Name: DEVINE, CHRISTOPHER
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

Title: VP
Name: DINA, JIM
Address: 1 POST OFFICE SQUARE STE 3100
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 Statutes.

SIGNATURE: DARETH JEFFERS

POA

04/30/2010

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