

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005086

FILED
Feb 24, 2009
Secretary of State

Entity Name: CNL BENEFICIARY BLUE, LLC

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4920
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 73-1723702

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 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: MGR () Delete
Name: CARLOCK, RAYMON B JR.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: QUINLAN, TAMMIE A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR () Delete
Name: VEIDT, DENISE M
Address: 445 BROAD HOLLOW ROAD
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SINELLI, AMY
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: VEIDT, DENISE M
Address: 60 SO. SERVICE ROAD, SUITE 120
City-St-Zip: MELVILLE, NY 11747

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: AMY SINELLI

MGR

02/24/2009

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