2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2009
Secretary of State

DOCUMENT# M06000007024

Entity Name: CNL RESORT SUB SENIOR MREP, LLC

Current Principal Place of Business:

1 POST OFFICE SQUARE STE 3100
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

1 POST OFFICE SQUARE STE 3100
BOSTON, MA 02109

New Mailing Address:

FEI Number: 01-0879705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, DANIEL
1 POST OFFICE SQUARE STE 3100
BOSTON, FL 02109 US

Name and Address of New Registered Agent:

COOLEY, DANIEL
121 SOUTH ORANGE AVE
1500
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: DANIEL COOLEY 06/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: VP ( ) Delete
Name: FIELDS, WARREN
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

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

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

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

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

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

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

Title: VP ( ) Change (X) Addition
Name: DINA, JIM
Address: 1 POST OFFICE SQUARE STE 3100
City-St-Zip: BOSTON, MA 02109

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: CHRISTOPHER DEVINE VP 06/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date