

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007041

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** CNL RESORT LODGING TENANT, 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:** 01-0879699

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

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: VP  
Name: DINA, JIM  
Address: 1 POST OFFICE SQUARE STE 3100  
City-St-Zip: BOSTON, MA 02109

Title: VP  
Name: FIELDS, WARREN  
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 Statutes.

SIGNATURE: DARETH JEFFERS

POA

04/30/2010

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