

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM****Secretary of State****DOCUMENT # M99000002063**1. Entity Name  
CNL RP SERVICES, LLC

Principal Place of Business 450 S. ORANGE AVE.  ORLANDO 328013336	FL	Mailing Address 450 S. ORANGE AVE.  ORLANDO 328013336	FL
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address P.O. BOX 4920  Suite, Apt. #, etc.  City & State ORLANDO FL
Zip Country	Zip Country

4. FEI Number  
**59-3624948**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD., SUITE 250  
  
PLANTATION  
33324  
US  
FL7. Name and Address of New Registered Agent  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
City  
FL  
Zip Code

8. 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 \_\_\_\_\_ DATE **03/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CNL APF PARTNERS, LP 450 S. ORANGE AVE. ORLANDO FL 328013336 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CNL FRANCHISE NETWORK, LP 450 S. ORANGE AVE. ORLANDO FL 328013336 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: STEVEN D. SHACKELFORD** CFO 03/01/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)