

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

DEVI M. GOOLJAR
Account Name : CNL RESTAURANT PROPERTIES, INC.
Account Number : I20050000011
Phone : (407) 540-2564
Fax Number : (407) 540-2699

LIMITED LIABILITY DISSOLUTION

CNL RP SERVICES, LLC

Certificate of Status	0
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Page Count	013
Estimated Charge	\$25.00

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 19, 2005

CNL RP SERVICES, LLC
450 S. ORANGE AVE
ORLANDO, FL 32801-3336SUBJECT: CNL RP SERVICES, LLC
REF: M99000002063

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You have completed the wrong form. You are an out of state company so therefore, you will need to complete the foreign limited liability company withdrawal.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, call (850) 245-6913.

Diane Cushing
Document SpecialistFAX Aud. #: R05000198726
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DIVISION OF CORPORATIONS

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

CNL RP SERVICES, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

450 SOUTH ORANGE AVENUE

(Mailing address)

ORLANDO, FL 32801

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of member *[Signature]* authorized representative of a member)

CURTIS B. McWILLIAMS
(Typed or printed name of signee)

President on behalf of
CNL RESTAURANT CAPITAL GP CO.
ITS GENERAL PARTNER

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