2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# P06000136428

Entity Name: CNL PLAZA II PARENT CORP.

Current Principal Place of Business:

450 S ORANGE AVE
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 328014920

New Mailing Address:

FEI Number: 20-5791287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARCELLI, LINDA
450 S ORANGE AVE
ORLANDO, FL 328013336 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DCEO	( ) Delete
Name:	SENEFF, JR., JAMES M	
Address:	450 S ORANGE AVE	
City-St-Zip:	ORLANDO, FL 328013336	
Title:	DP	( ) Delete
Name:	BOURNE, ROBERT A	
Address:	450 S ORANGE AVE	
City-St-Zip:	ORLANDO, FL 328013336	
Title:	D	( ) Delete
Name:	BURNS, KEVIN P	
Address:	68 SOUTH SERVICE ROAD, SUITE 120	
City-St-Zip:	MELVILLE, NY 11747	
Title:	S	( ) Delete
Name:	SCARCELLI, LINDA A	
Address:	450 SO ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	T	( ) Delete
Name:	SCHMIDT, TRACY G	
Address:	450 SO ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	AT	( ) Delete
Name:	RAWLS, KAKI	
Address:	450 SO ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. BOURNE P 02/16/2009

Electronic Signature of Signing Officer or Director — Date