2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136428

Entity Name: CNL PLAZA II PARENT CORP.

Feb 14, 2011 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

450 S ORANGE AVE ORLANDO, FL 328013336

Current Mailing Address: New Mailing Address:

PO BOX 4920

ORLANDO, FL 328014920

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCARCELLI, LINDA SCARCELLI, LINDA A 450 S ORANGE AVE 450 S ORANGE AVE ORLANDO, FL 328013336 US ORLANDO, FL 328013336 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: LINDA A. SCARCELLI 02/14/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DCFO

SENEFF, JR., JAMES M Name: 450 S ORANGE AVE Address: City-St-Zip: ORLANDO, FL 328013336

Title: DP

Name: BOURNE, ROBERT A 450 S ORANGE AVE Address: ORLANDO, FL 328013336 City-St-Zip:

Title:

BURNS, KEVIN P Name:

68 SOUTH SERVICE ROAD, SUITE 120 Address:

City-St-Zip: MELVILLE, NY 11747

Title:

SCARCELLI, LINDA A Name: Address: 450 SO ORANGE AVENUE City-St-Zip: ORLANDO, FL 32801

Title:

SCHMIDT, TRACY G Name: Address: 450 SO ORANGE AVENUE City-St-Zip: ORLANDO, FL 32801

Title:

Name: RAWLS, KAKI

450 SO ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: LINDA A. SCARCELLI S 02/14/2011