

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000055116 (5)

1. Corporation Name

CNL INSTITUTIONAL PARTNERS, INC.



Principal Place of Business

Mailing Address

**400 E SOUTH ST
SUITE 500
ORLANDO FL 32801**

**400 E SOUTH ST
SUITE 500
ORLANDO FL 32801**

3. Date Incorporated or Qualified
07/26/1994

3a. Date of Last Report
04/19/1995

4. FEI Number
59-3257736

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOURNE, ROBERT A
400 E SOUTH ST
SUITE 500
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to register agent and this fee plate

DATE: Register Agent Signature and Date of Change

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**CD
SENEFF, JAMES M JR
400 E SOUTH ST SUITE 500
ORLANDO FL 32801**

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PTD
BOURNE, ROBERT A
400 E SOUTH ST SUITE 500
ORLANDO FL 32801**

☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**V
MCDOUGAL, EDGAR
400 EAST SOUTH ST. #500
ORLANDO FL 32801**

☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**V
BOOSE, SALLY
400 EAST SOUTH ST. #500
ORLANDO FL 32801**

☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**S
ROSE, LYNN E
400 EAST SOUTH ST. #500
ORLANDO FL 32801**

☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James M. Seneff, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Seneff, Jr.

3/13/96

(407) 422-1575

CR2E034 (12/95)