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FILED

Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000055116 (5)

1. Corporation Name

CNL INSTITUTIONAL PARTNERS, INC.

Principal Place of Business

400 E SOUTH ST
SUITE 500
ORLANDO FL 32801

Mailing Address

400 E SOUTH ST
SUITE 500
ORLANDO FL 32801-2878

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

03/20/1996

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

21

Suite, Apt. #, etc.

22
City & State

23
Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28
Zip

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDVC	<input type="checkbox"/> DELETE
NAME	SENEFF, JAMES M JR	
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GENTZ, BOB	
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCDUGAL, EDGAR	
STREET ADDRESS	400 EAST SOUTH ST. #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BOOSE, SALLY	
STREET ADDRESS	400 EAST SOUTH ST. #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSE, LYNN E	
STREET ADDRESS	400 EAST SOUTH ST. #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BOURNE, ROBERT A	
STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

ROBERT A. BOURNE

Date

1/20/97

Daytime Phone: #

CR2E034 (9/96)