

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000002185 (1)

1. Corporation Name

CNL REAL ESTATE ADVISORS, INC.

Principal Place of Business

400 E. SOUTH STREET
SUITE 500
ORLANDO FL 32801

Mailing Address

400 E. SOUTH STREET
SUITE 500
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

59-3420690

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A
400 E. SOUTH STREET
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D SENEFF, JAMES M JR.
STREET ADDRESS
400 E. SOUTH STREET, SUITE 500
CITY - ST - ZIP
ORLANDO FL 32801

TITLE ☐ DELETE

NAME
D BOURNE, ROBERT A
STREET ADDRESS
400 E. SOUTH STREET, SUITE 500
CITY - ST - ZIP
ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D/C/CEO
1.3 STREET ADDRESS
SENEFF, JAMES M., JR.
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D/P
BOURNE, ROBERT A.
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
D/S/T
ROSE, LYNN E.
3.3 STREET ADDRESS
400 E. SOUTH ST., SUITE 500
3.4 CITY - ST - ZIP
ORLANDO, FL 32801

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
EVP
MULLER, CHARLES A.
4.3 STREET ADDRESS
400 E. SOUTH ST., SUITE 500
4.4 CITY - ST - ZIP
ORLANDO, FL 32801

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
EVP
WALL, JEANNE A.
5.3 STREET ADDRESS
400 E. SOUTH ST., SUITE 500
5.4 CITY - ST - ZIP
ORLANDO, FL 32801

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
EVP
WALKER, JOHN T.
6.3 STREET ADDRESS
400 E. SOUTH ST., SUITE 500
6.4 CITY - ST - ZIP
ORLANDO, FL 32801

14. I 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 on an attachment with an address.

SIGNATURE:

ROBERT A. BOURNE 4/7/98

(407) 422-1574

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