FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00797 (3)

1. Corporation Name
CNL REALTY ADVISORS, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3123446 ☐ 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

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	V	☐ Change ☒ Addition
NAME	SENEFF, JAMES M., JR.	12 NAME	Ralston, Gary M.	
STREET ADDRESS	400 E SOUTH ST #500	13 STREET ADDRESS	400 E. South St., Suite 500	
CITY-ST-ZIP	ORLANDO FL 32801	14 CITY-ST-ZIP	Orlando, Florida 32801	
TITLE	DP	21 TITLE	V	☐ Change ☒ Addition
NAME	BOURNE, ROBERT A.	22 NAME	Awsumb, John	
STREET ADDRESS	400 E SOUTH ST #500	23 STREET ADDRESS	400 E. South St., Suite 500	
CITY-ST-ZIP	ORLANDO FL 32801	24 CITY-ST-ZIP	Orlando, Florida 32801	
TITLE	DST	31 TITLE	V	☐ Change ☒ Addition
NAME	ROSE, LYNN E.	32 NAME	Morse, Thomas E.	
STREET ADDRESS	400 E SOUTH ST #500	33 STREET ADDRESS	400 E. South St., Suite 500	
CITY-ST-ZIP	ORLANDO FL 32801	34 CITY-ST-ZIP	Orlando, Florida 32801	
TITLE	V	41 TITLE	V	☐ Change ☒ Addition
NAME	MC DOUGALL, ED	42 NAME	Bastian, James V.	
STREET ADDRESS	400 E SOUTH ST #500	43 STREET ADDRESS	400 E. South St., Suite 500	
CITY-ST-ZIP	ORLANDO FL 32801	44 CITY-ST-ZIP	Orlando, Florida 32801	
TITLE	V	51 TITLE	V	☐ Change ☒ Addition
NAME	HABICHT, KEVIN	52 NAME	Tracy, Dennis E.	
STREET ADDRESS	400 E SOUTH ST #500	53 STREET ADDRESS	400 E. South St., Suite 500	
CITY-ST-ZIP	ORLANDO FL 32801	54 CITY-ST-ZIP	Orlando, Florida 32801	
TITLE	V	61 TITLE	V	☐ Change ☒ Addition
NAME	WALL, JEAN A.	62 NAME	Birdie, Mez	
STREET ADDRESS	400 E SOUTH ST #500	63 STREET ADDRESS	400 E. South St., Suite 500	
CITY-ST-ZIP	ORLANDO FL 32801	64 CITY-ST-ZIP	Orlando, Florida 32801	

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)(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 03-01-95 (407) 422-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP