FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **12/16/1991**	3a. Date of Last Report: **04/20/1995**
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	

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

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 607.1506, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	11 TITLE	D	☒ Change ☐ Addition
NAME	SENEFF, JAMES M., JR.		12 NAME	ROSE, LYNN E	
STREET ADDRESS	400 E SOUTH ST #500		13 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801		14 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	DP	☐ DELETE	21 TITLE	EVAS •CFO	☒ Change ☐ Addition
NAME	BOURNE, ROBERT A.		22 NAME	HABICHT, KEVIN B	
STREET ADDRESS	400 E SOUTH ST #500		23 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801		24 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	DST	☐ DELETE	31 TITLE	P	☐ Change ☒ Addition
NAME	ROSE, LYNN E.		32 NAME	RALSTON, GARY M	
STREET ADDRESS	400 E SOUTH ST #500		33 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801		34 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	V	☐ DELETE	41 TITLE	STV-V	☒ Change ☐ Addition
NAME	MC DOUGALL, ED		42 NAME	BOURNE, ROBERT A	
STREET ADDRESS	400 E SOUTH ST #500		43 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801		44 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	V	☐ DELETE	51 TITLE	V	☐ Change ☒ Addition
NAME	HABICHT, KEVIN		52 NAME	MORSE, THOMAS E	
STREET ADDRESS	400 E SOUTH ST #500		53 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801		54 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	V	☐ DELETE	61 TITLE	V	☐ Change ☒ Addition
NAME	WALL, JEAN A.		62 NAME	BIRDIE, MEZ R	
STREET ADDRESS	400 E SOUTH ST #500		63 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801		64 CITY-ST-ZIP	ORLANDO, FL 32801	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is volunteered, 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: _____ James M. Seneff, Jr. 3/13/96 (407) 422-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR