

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

**FILED**  
**Mar 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V00797 (3)**  
 1. Corporation Name  
**CNL REALTY ADVISORS, INC.**



Principal Place of Business <b>400 E SOUTH ST SUITE 500 ORLANDO FL 32801</b>	Mailing Address <b>400 E SOUTH ST SUITE 500 ORLANDO FL 32801-2678</b>
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3. Date Incorporated or Qualified <b>12/16/1991</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-3123446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, LYNN E</b>	1.2 NAME	
STREET ADDRESS	<b>400 E SOUTH ST #500</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	1.4 CITY - ST - ZIP	
TITLE	<b>EVAS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HABICHT, KEVIN B</b>	2.2 NAME	
STREET ADDRESS	<b>400 E SOUTH ST #500</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RALSTON, GARY M</b>	3.2 NAME	
STREET ADDRESS	<b>400 E SOUTH ST #500</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	3.4 CITY - ST - ZIP	
TITLE	<b>STV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOURNE, ROBERT A</b>	4.2 NAME	<b>BOURNE, ROBERT A</b>
STREET ADDRESS	<b>400 E SOUTH ST #500</b>	4.3 STREET ADDRESS	<b>400 E. SOUTH ST #500</b>
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	4.4 CITY - ST - ZIP	<b>ORLANDO FL 32801</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORSE, THOMAS E</b>	5.2 NAME	
STREET ADDRESS	<b>400 E SOUTH ST #500</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRDIE, MEZ R</b>	6.2 NAME	
STREET ADDRESS	<b>400 E SOUTH ST #500</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date: **1/20/97**

CR2E034 (9/96)