

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045642

**Entity Name:** CNL REALTY NC, LLC

**Current Principal Place of Business:**

450 S ORANGE AVE  
ORLANDO, FL 32801-3336

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802-4920

**FEI Number:** 26-0250713

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCARCELLI, LINDA A  
450 S ORANGE AVE  
ORLANDO, FL 32801-3336 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLACKWELDER, DANIEL S  
Address 450 S ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name BOURNE, ROBERT A  
Address 450 S ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title T  
Name SCHMIDT, TRACY G  
Address 450 S ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title S  
Name SCARCELLI, LINDA A  
Address 450 S ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title CEO  
Name SENEFF, JAMES MJR  
Address 450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA A. SCARCELLI

**SECRETARY**

**04/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date