

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:29

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03/28/03--01051--013 **526.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # A02000000312
1. Entity Name
CNL MORTGAGE FUND, LTD.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
450 S. ORANGE AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 4920
Suite, Apt. #, etc.

DOE BY MAY 1

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801-3336 Country
USA

Zip
32802-4920 Country
USA

4. FEI Number
02-0591844

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **ROBERT A. BOURNE**

Street Address (P.O. Box Number is Not Acceptable)
450 S. ORANGE AVENUE

City **ORLANDO** FL Zip Code **32801-3336**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$2,500,000.00**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		STREET ADDRESS	CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000025160 CNL MORTGAGE FUND, INC. 450 S. ORANGE AVENUE ORLANDO, FL 32801-3336		
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Handwritten initials and date: [Signature] 2/26

CR2E0036 (12/02)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **ROBERT A. BOURNE** 02/24/03 407-650-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE