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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407)650-1000
Fax Number : (407)540-2699

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

CNL Income Garland, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

5-1-06

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. CNL Income Garland, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. April 19, 2006

(Date of Formation)

4. Linda A. Scarcelli

(Name of Registered Agent for Service of Process)

5. 450 S. Orange Ave.

(Florida street address for Registered Agent)

Orlando, FL 32801

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

7. 450 S. Orange Ave., Orlando, FL 32801

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box []

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9. P.O. Box 4920, Orlando, FL 32802
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

CNL Income Garland GP, LLC
(Name)

450 S. Orange Ave.
(Street Address)
Orlando, FL 32801

7-mob-2436

same

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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_____	_____
(Name)	(Street Address)
_____	_____
	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
	(Mailing Address)

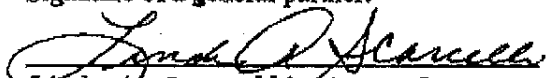
11. Effective date, if other than the date of filing: upon filing

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 27 day of April, 2006

Signature of a general partner:



Linda A. Scarcelli, Asst. Secretary of
CNL Income Garland GP, LLC, its GP

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

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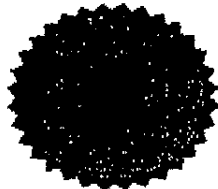
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME GARLAND, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4144418 8300

060372458



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4685556

DATE: 04-21-06

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