

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000586

Entity Name: CNL INCOME GARLAND, LP

**FILED**  
**Mar 26, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

450 S ORANGE AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

FEI Number: 11-3779033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**GENERAL PARTNER INFORMATION:**

Document #: M06000002436  
Name: CNL INCOME GARLAND GP, LLC  
Address: 450 S ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32801

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RAYMON BYRON CARLOCK, JR.

P

03/26/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date