

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # A29947**

1. Entity Name  
 CNL INCOME & GROWTH FUND II, LTD.

Principal Place of Business 450 S. ORANGE AVENUE ORLANDO FL 32801	Mailing Address 450 S. ORANGE AVENUE ORLANDO FL 32801
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address POST OFFICE BOX 4910 Suite, Apt. #, etc. City & State
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4. FEI Number **59-3005760** Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BOURNE ROBERT A  
 450 S. ORANGE AVENUE  
 ORLANDO FL 32801 US

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE **01/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 20,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 20,000,000.00

**11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	
NAME	CNL GROWTH CORP.
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:** ROBERT A. BOURNE, PRESIDENT OF GP P 01/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)