

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 24, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # A92000000025**

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

Principal Place of Business 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Mailing Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801
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2. Principal Place of Business 450 S. ORANGE AVENUE Suite, Apt. #, etc.	3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number <b>59-3149474</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country	Zip 32801	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

**BOURNE ROBERT A**  
**400 EAST SOUTH STREET, SUITE 500**  
 ORLANDO FL 32801 US

Name  
**BOURNE ROBERT A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**450 S. ORANGE AVENUE**  
 City  
**ORLANDO FL** Zip Code  
**32801**

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 **01/24/2000**  
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. <b>12,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>12,500,000.00</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.</b>
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>CNL GROWTH CORP.</b> <b>400 EAST SOUTH STREET, SUITE 500</b> <b>ORLANDO FL 32801</b>	STREET ADDRESS CITY-ST-ZIP	<b>450 S. ORANGE AVENUE</b> <b>ORLANDO FL 32801</b>
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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 CP**

01/24/2000