


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 2005 MAY -4 PM 3: 52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B00000000388

1. Entity Name
 CNL COMMERCIAL FUNDING, LP



Principal Place of Business
 450 SO. ORANGE AVE.
 ORLANDO, FL 32801

Mailing Address
 450 SO. ORANGE AVE.
 ORLANDO, FL 32801

2. Principal Place of Business
 450 S. Orange Ave.

3. Mailing Address
 450 S. Orange Ave.

Suite, Apt., #, etc.
 Suite 900

Suite, Apt., #, etc.
 Suite 900

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip
 32801

Country

Zip
 32801

Country



04282005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3650070

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HABICHT, KEVIN B
 450 SO. ORANGE AVE.
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 450 S. Orange Ave
 Suite 900
 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 5,000,000.00

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 # | CNL COMMERCIAL, INC. | STREET ADDRESS | 450 S. Orange Ave., Suite 900 |
| NAME | 450 SO. ORANGE AVE. | CITY-ST-ZIP | Orlando, FL 32801 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| NAME | | 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: K.B. Nut 4/28/05 407-650-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE