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

From: SUZANNE M. McLAUGHLIN
 Account Name : CNL FINANCIAL GROUP, INC.
 Account Number : 113615003626
 Phone : (407) 650-1000
 Fax Number : (407) 650-1065

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DIVISION OF CORPORATIONS

FOREIGN PROFIT QUALIFICATION

CNL Income Properties, Inc.

Certificate of Status	1
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JB
10-17-03

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CNL Income Properties, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland

(State or country under the law of which it is incorporated)

3. 20-0183627

(FEI number, if applicable)

4. 08/11/2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and §17.155, F.S.)

7. 450 S. Orange Avenue, Orlando FL 32801

(Principal office address)

PO Box 4920, Orlando FL 32802-4920

(Current mailing address)

8. Real estate investment

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: **Linda A. Scarcelli**

Office Address: **450 S. Orange Avenue**

Orlando

(City)

, Florida **32801**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.


(Registered agent's signature)

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

12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE
STATE OF FLORIDA
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A. DIRECTORS

Chairman: James M. Seneff Jr.

Address: 450 S. Orange Avenue, Orlando FL 32801

Vice Chairman: Robert A. Bourne

Address: 450 S. Orange Avenue, Orlando FL 32801

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas J. Hutchison III

Address: 450 S. Orange Avenue, Orlando FL 32801

Vice President: _____

Address: _____

Secretary: Lynn E. Rose

Address: 450 S. Orange Avenue, Orlando FL 32801

Treasurer: Robert A. Bourne

Address: 450 S. Orange Avenue, Orlando FL 32801

SEE ATTACHED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Linda A. Scarcell

(Signature of Director or Officer listed in number 12 of the application)

14. Linda A. Scarcell, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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10/07/2003

CNL Income Properties, Inc.

CNL Income Properties, Inc.

<u>Name</u>	<u>Title</u>	<u>Business</u>
Robert A. Bourne	Director	450 S. Orange Avenue Orlando, FL 32801
	Vice Chairman	
	Treasurer	
Thomas J. Hutchison, III	President	450 S. Orange Avenue Orlando, FL 32801
Lynn E. Rose	Secretary	450 S. Orange Avenue Orlando, FL 32801
Linda A. Scarcelli	Assistant Secretary	450 S. Orange Avenue Orlando, FL 32801
James M. Seneff, Jr.	Director	450 S. Orange Avenue Orlando, FL 32801
	Chairman	
	Chief Executive Officer	

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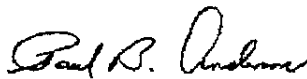
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STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CNL INCOME PROPERTIES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 10, 2003.



Paul B. Anderson
Charter Division

