

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005502

Entity Name: CNL INCOME GP CORP.

FILED
Feb 01, 2011
Secretary of State

Current Principal Place of Business:

450 S ORANGE AVENUE
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 328024920

New Mailing Address:

FEI Number: 20-1674792 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 AVENUE
ORLANDO, FL 328013336 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

OFFICERS AND DIRECTORS:

Title: D
Name: SENEFF, JAMES M JR
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: VCDT
Name: BOURNE, ROBERT A
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: PDC
Name: CARLOCK, RAYMON BYRON JR
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: CFO
Name: QUINLAN, TAMMIE A
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328013336

Title: COO
Name: MULLER, CHARLES A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: AS
Name: SCARCELLI, LINDA A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA A. SCARCELLI

AS

02/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date