

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019271

**Entity Name:** CNL GLOBAL INCOME SUB-MANAGERS, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 32801-3336

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802-4920

**FEI Number:** 26-4361189

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCARCELLI, LINDA A  
450 S. ORANGE AVE.  
ORLANDO, FL 32801-3336 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name CFG VI, INC.  
Address 450 S. ORANGE AVENUE  
City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA A. SCARCELLI

**ASSISTANT SECRETARY** 02/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date