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To:

Division of Corporations

Fax Number : (850)617-6383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC. Account Number : 113615003626

Phone

: (407)650-1000

Fax Number

: (407)540-2699

DISS/TERM/CANCEL/REV OF LP/LLP CNL MORTGAGE FUND, LTD.

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CERTIFICATE OF DISSOLUTION FOR

H10000097238 3

CNL Mortgage Fund, Ltd. (Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership)
partnership or limited liability limite	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the ch 7, 2002, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)
Partnership no longer doing business	T T
	To the state of th
SECOND: A Notice of Disso (Check box if attack	
THIRD: Effective date, if other than the d	ate of filing:
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	r the person appointed pursuant to
By: CNI. Mortgage Fund. Inc., as General Partner By: Linda A. Scarcelli, Secre	tary
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75