

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:29

DOCUMENT # A23577

1. Entity Name

CNL INCOME FUND II, LTD.



DO NOT WRITE IN THIS SPACE

500014909405
03/28/03--01051--001 **9472.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
450 S. ORANGE AVENUE

3. Mailing Address
P.O. BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-2733859

Applied For
Not Applicable

Zip
32801-3336

Country
USA

Zip
32802-4920

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERT A. BOURNE

Street Address (P.O. Box Number is Not Acceptable)

450 S. ORANGE AVENUE

City
ORLANDO

FL

Zip Code
32801-3336

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

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

DATE

9. Capital Contributions
as Shown on record \$25,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date \$25,000,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SENEFF, JAMES M. JR.
450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BOURNE, ROBERT A.
450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
H87301
CNL REALTY CORPORATION
450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROBERT A. BOURNE

2/24/03

407-650-1068

STAPLE CHECK HERE

PR2E0338 (12/02)