2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A26904 1. Entity Name CNL INCOME FUND V, LTD.						FILED Jan 31, 2001 08:00 AM Secretary of State				
Principal Place			eiling Address os. orange avenue			-				
ORLANDO 32801		FL OR	RLANDO 801		FL					
2. Principal P	lace of Business		Mailing Address							
Suite, Apt.	#, etc.		st office Box 4920 Suite, Apt. #, etc.				DO NOT WRI	- TE IN THIS SF	ACE	
City & State	e		City & State	· · · ·		4. FEI Number				Applied For
Zip	Country		zlando Zip	Coun	try	59-29228 5. Certificate of	of Status Desired			Not Applicable Additional
	6. Name and Addre	ss of Current Regis		<u> </u>	1	7 Name and i	Address of New R		ee Req	uired
	or maine disa reduit	20 or our circle regio	torea Agent		Name	7. Name and 7	-dates of Hen I	registered Ag	lettr.	
BOURNE 450 S. ORAN	ROBERT A NGE AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO		FL					<u></u>			
32801	US	FL			City			FL	Zip	Code
3. The above	named entity submits th	is statement for the p	ourpose of changing its	s registere	ed office or regist	ered agent, or both	, in the State of Flo	orida.	<u> </u>	
								04/24/3	004	
BIGNATURE .	Signature, typed or printed name	of registered agent and title i	if applicable. (NO	TE: Registered	d Agent signature requir	red when reinstating)		01/31/2	<u> 001</u>	
9. Capital Co			f applicable. (NO 10. Amount of Capi in FLORIDA to o	ital Contrib	butions	red when reinstating)	11. MAKE CHEC	DATE CK PAYABLE 1	O DEP	T. OF STATE
9. Capital Co	ntributions on record. 25,000,000).00 PARTNER THAT	10. Amount of Capi in FLORIDA to d	ital Contrib date. 25	butions 5,000,000.00 UST BE REGIS	STERED AND A	SEE REVER	DATE OK PAYABLE 1 SE SIDE FOR IS OFFICE.	O DEP	T. OF STATE
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01/31/2001 Date

Daytime Phone #

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SIGNATURE: ROBERT A. BOURNE SIGNATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER