LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:29

DOCUMENT # A26904

1. Entity Name

CNL INCOME FUND V, LTD.

900014909469
03/28/03--01051--001 **9472.50

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
450 S. ORANGE AVENUE	P.O. BOX 4920
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32801-3336 Country: USA	32802-4920 Country: USA

DUE BY MAY 1

4. FEI Number: 59-2922869 ☐ Applied For ☐ Not Applicable

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

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
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BOURNE, ROBERT A. 450 S. ORANGE AVENUE ORLANDO, FL 32801-3336
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	H87301 CNL REALTY CORPORATION 450 S. ORANGE AVENUE ORLANDO, FL 32801-3336
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STAPLE CHECK HERE

CR2E003B (12/02)

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: _____ ROBERT A. BOURNE 2/24/03 407-650-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #