FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A27889**

FILED 98 OCT 27 PM 1:41

SECRETARY UP STATE TALLAHASSEE, FLORIDA

10/7/98

(407 650-1000

Daytime Telephone Number,



CNL INCOM	VIE & GROVIA F	UND, LID.						
Mailing Address 400 E. SOUTH STREET. #500 ORLANDO FL 32801		Principal Office Address 400 E. SOUTH STREET. #500 ORLANDO FL 32801	400 E. SOUTH STREET. #500		3. Date Formed or Registered 02/09/1989 3a. Date of Last Report 11/03/1997		5a. Capital Contributions as Shown on record. \$15,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Addre	955	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation	\$15,000,000.00		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Applied For Not Applicable	
City & State	Country	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
	· · · · · · · · · · · · · · · · · · ·		•		8. Make check payable to: Dept. of S	State (See reve	rse side for fee information)	
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office				
BOURNE, ROBERT A 400 EAST SOUTH STREET, 500 ORLANDO FL 32801			Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code					
for the purpo agent. I am SIGNATURE (Registe	ose of changing its registered office of familiar with, and accept the obligation ered Agent Accepting Appointment)_	and 620.192, Florida Statutes, the above-name or registered agent, or both, in the State of Flor ons of section 620.192, Florida Statutes.	ida. Such chan	ge was author	rized by its general partner(s). I hereby	accept the app	cointment of registered	
A GENER	RAL PARTNER THA MU:	T IS A CORPORATION, I ST BE REGISTERED AN	LIMITED ID ACTIV	PARTI VE WIT	NERSHIP OR OTHEI H THIS OFFICE.	R BUSII	NESS ENTITY	
11. Name(s)	of General Partner(s)	Address of Each General Addres		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
CNL GROWTH CORP.		1	400 E. SOUTH STREET,#		ORLANDO FL		K64448	
			į		1000021 -11/03 *****5	5 78 7880: 26.25	# 719 1008016 ****526.25	
•					AL OCT	27 19	, . 70	
Note: Gene	eral partners MAY NO	T be changed on this form	n; an am	endmen	t must be filed to cha	nge a ge	neral partner.	
		this filing is voluntarily furnished and does not						

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Robert A. Bourne, President

CNL Growth Corp.

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form