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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) 540-7522

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**DISS/TERM/CANCEL/REV OF LP/LLP
CNL INCOME & GROWTH FUND, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

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**CERTIFICATE OF DISSOLUTION
FOR**

CNL Income & Growth Fund, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on May 30, 1989, assigned Florida document number A27880, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

Limited partnership no longer has assets.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 12/31/2015

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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