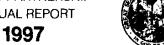
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A31635** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JAN 21 PM 2: 35



CNL COMMERCIAL INVESTORS, LTD.			4 rodiote trock birde legeta ditaba tunat dirik debet ditabu didat didat didat tabit tabit		
Aailing Address Principal Office Address 400 EAST SOUTH STREET. SUITE 500 400 EAST SOUTH STREET. SUITE 500 ORLANDO FL 32801 ORLANDO FL 32801		ITE 500	3. Date Formed or Registered 06/06/1991 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$5,000,000.00	
			12/04/1995 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		5,000,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL. 6. FEI Number 59-3070500	Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information	
9 Name and Address of Curre	nt Registered Agent	<u> </u>	10. If changed, new Registe	red Agent/Office	
BOURNE, ROBERT A. 400 EAST SOUTH ST., SUITE 500 ORLANDO FL 32801		Name			
		Street Address (P.O. Box Number Is Not Acceptable) 2071115—2 Suite, Apt. #. etc. —01/28/97—01154—001			
		Suite, Apt. #, etc. —IJ1/28/37—IJ1154—IJJ1 ***31861_25 ****541_25 City FL Zip Code			
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	IS A CORPORATION, ST BE REGISTERED A	LIMITED I	PARTNERSHIP OR OTH		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b. City, State & Zip Code	11c. Registration/ Document Number	
CNL COMMERCIAL PARTNERS LTD.	400 E. SOUTH ST. #5	00	ORLANDO FL	A31634	
		3	Justeer 541.5	kwm	
Note: General partners MAY NO	T be changed on this for		<u> </u>		
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my empowered to execute this report as retuined by cl	n this filing is voluntarily furnished and does ith Section 119.07(3)(k) in the event that the signature shall have the same legal effects	not qualify for the e information supplie	xemption stated in Section 119.07(3)(k), Flori d is deemed exempt from public access. I fu	da Statutes. I release the Division of rther certify that the information indicated of	
SIGNATURE			DATE1/7/97		
Typed or Printed Name of General Partner Signing Form	ROBERT A. BOURNE		Daytime Telephone Number	407-422-1574	