

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A31887

1. Entity Name

CNL INCOME FUND XI, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:29

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4920

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32801-3336

Country
USA

Zip
32802-4920

Country
USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number
59-3078854

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

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

DATE

9. Capital Contributions
as Shown on record.

\$40,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date

\$40,000,000.00

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BOURNE, ROBERT A.
450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
H87301
CNL REALTY CORPORATION
450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROBERT A. BOURNE

2/24/03

Date

407-680-1068

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)