

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A92000000025

97 NOV -3 PM 2:09

CNL INCOME & GROWTH FUND IV, LTD.

Mailing Address  400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Principal Office Address  400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	3. Date Formed or Registered  11/05/1992	5a. Capital Contributions as Shown on record  \$12,500,000.00
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip	3a. Date of Last Report  01/21/1997	5b. Amount of Capital Contributions in FLORIDA to date  \$12,500,000.00
		4. State or Country of Formation  FL	6. FEI Number  59-3149474
		7. Certificate of Status Desired  <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A  
400 EAST SOUTH STREET, SUITE 500  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)  CNL GROWTH CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  400 EAST SOUTH STREET	11b. City, State & Zip Code  ORLANDO FL 32801 300002342403--6 -11/10/97-01059--002 ****550.00 ****550.00	11c. Registration/ Document Number  K64448
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*KWM/CWS*

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*ROBERT A. BOURNE, PRES.*

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (407) 422-1574

CR2E003 (6/97)

10/15/97