

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 08:00 AM
Secretary of State

DOCUMENT # A93000000894

1. Entity Name
CNL INCOME FUND XV, LTD.

Principal Place of Business 450 S. ORANGE AVENUE ORLANDO FL 32801	Mailing Address 450 S. ORANGE AVENUE ORLANDO FL 32801
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address POST OFFICE BOX 4920 Suite, Apt. #, etc. City & State Zip
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4. FEI Number
59-3198888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOURNE ROBERT A
450 S. ORANGE AVENUE

ORLANDO FL 32801 US

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

SIGNATURE _____ DATE **01/31/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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
	BOURNE ROBERT A	450 S. ORANGE AVENUE	ORLANDO FL 32801
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SENEFF JAMES JR.	450 S. ORANGE AVENUE	ORLANDO FL 32801
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CNL REALTY CORPORATION	450 S. ORANGE AVENUE	ORLANDO FL 32801
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: **ROBERT A. BOURNE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GP 01/31/2001

Date Daytime Phone #

CR2E003 (11/00)