

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

DOCUMENT # A93000000895 1. Entity Name CNL INCOME FUND XVI, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:29

DO NOT WRITE IN THIS SPACE

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03/28/03--01051--001 **9472.50

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

DUE BY/MAY 1

4. FEI Number 59-3198891	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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. \$45,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$45,000,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
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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

2/24/03

407-650-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)