

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 31, 2000 08:00 AM  
Secretary of State**

**DOCUMENT # A94000000377**

1. Entity Name  
CNL INCOME & GROWTH FUND V, LTD.

Principal Place of Business 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Mailing Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801
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2. Principal Place of Business 450 S. ORANGE AVENUE Suite, Apt. #, etc.	3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL	4. FEI Number <b>59-3227010</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 32801	Country	Zip 32801	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOURNE ROBERT A 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801 US		7. Name and Address of New Registered Agent Name BOURNE ROBERT A Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE City ORLANDO FL Zip Code 32801	
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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 **01/31/2000**  
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. 15,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 15,000,000.00	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.</b>
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CNL INCOME & GROWTH CORP. 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	STREET ADDRESS CITY-ST-ZIP	450 S. ORANGE AVENUE ORLANDO FL 32801
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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