A950000000205

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL
Mailing Address Post Office
TOLL FREE NO. 1-800-342-8062
FAX (904) 222-1222

____ of ____

NAME ____
FIRM ____
ADDRESS ____

PHONE ( ) ____

Service: Top Priority ____ One Day Service Regular ____ Two Day Service

To us via ____ Return via ____

Matter No.: ____ Express Mail No. ____

State Fee $ ____ Our $ ____

BKC 2/10/95

C. TAX	
FILING	1750.00
R. AGENT FEE	35.00
C. COPY	52.50
TOTAL	1837.50
N. BANK	
BALANCE DUE	
REFUND	

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY			

WALK-IN
Will Pick Up 2-10 1:00

	C.C. FEE	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
✓ Ltd. Partnership File		
Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S -		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
____ File No.'s, ____ Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
SUBTOTALS		

500001194589
-02/13/95--01060--012
****36.75.00 ****1837.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:07

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP

THE UNDERSIGNED, hereby makes, acknowledges and files with the Secretary of State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. NAME OF PARTNERSHIP. The name of the partnership shall be **CNL INCOME FUND XVII, LTD.**

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the partnership shall be located at 400 E. South Street, Suite 500, Orlando, Florida 32801, or at such other place or places as the General Partner shall from time to time determine.

3. NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.

Robert A. Bourne
400 E. South St., Suite 500
Orlando, FL 32801

4. NAME AND BUSINESS ADDRESS OF THE GENERAL PARTNER.

James M. Seneff, Jr., General Partner
400 E. South St., Suite 500
Orlando, FL 32801

Robert A. Bourne, General Partner
400 E. South Street, Suite 500
Orlando, FL 32801

CNL Realty Corporation
400 East South Street, Suite 500
Orlando, FL 32801

X87301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 FEB 10 AM 11:08

5. MAILING ADDRESS OF THE LIMITED PARTNERSHIP.

400 E. South St., Suite 500
Orlando, FL 32801

6. TERM. The partnership shall be dissolved on December 31, 2025 unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the Partnership.

EXECUTED this 7th day of February, 1995.

By:_____
James M. Seneff, Jr., General Partner

By:_____
Robert A. Bourne, General Partner

CNL Realty Corporation, General Partner

By:_____
Robert A. Bourne, President of
CNL Realty Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:08

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared James M. Seneff, Jr. and Robert A. Bourne, the General Partners of CNL INCOME FUND XVII, LTD., known to me to be the persons who executed the foregoing Certificate of Limited Partnership and who acknowledged before me that they executed the Certificate of Limited Partnership for the purposes stated therein. They are personally known to me and did not take an oath. In witness whereof, I have hereunto set my hand and seal this 7th day of February, 1995.

_____
MARY LOU LEGGETT

NOTARY PUBLIC STATE OF FLORIDA
MARY LOU LEGGETT
Notary Public, State of Florida
Expires Aug. 08, 1997
Bonded by HAI
800-422-1555

AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.108, the undersigned, after first being duly sworn, deposes and says that the capital contributions of the Limited Partners of CNL INCOME FUND XVII,LTD., are anticipated to be $ 20,000,000.00. To date no capital contributions have been made.

SWORN AND SUBSCRIBED as of the 7th day of February, 1995.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:08

By: _____
James M. Seneff, Jr., General Partner

By: _____
Robert A. Bourne, General Partner

CNL Realty Corporation, General Partner

By: _____
Robert A. Bourne, President of
CNL Realty Corporation

Sworn and subscribed to before me by James M. Seneff, Jr. and Robert A. Bourne, the General Partners of CNL INCOME FUND XVII, LTD., this 7th day of February, 1995.
They are personally known to me and did not take an oath.

_____
MARY LOU LEGGETT

NOTARY PUBLIC STATE OF FLORIDA
MARY LOU LEGGETT
My Commission CC306689
Notary Seal
Expires Aug. 06, 1997
Bonded by HAI
800-422-1555

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Robert A. Bourne, accepts his designation as Registered Agent for CNL INCOME FUND XVII, LTD. and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Partnership Act, Florida Statutes, Chapter 620.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:08

EXECUTED this 7th day of February, 1995.

Robert A. Bourne
Registered Agent

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared Robert A. Bourne, known to me to be the person who executed the foregoing Acceptance of Registered Agent. He is personally known to me and did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of February, 1995.

MARY LOU LEGGETT

NOTARY PUBLIC STATE OF FLORIDA
MARY LOU LEGGETT
My Commission CC306609
Expires Aug. 08, 1997
Bonded by HAI
800-422-1555

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

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

FILED
96 JAN 29 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
CNL INCOME FUND XVII, LTD.

1a. DOCUMENT #
A95000000205

96 AR
CWS

Mailing Address
400 EAST SOUTH STREET, STE. 500
ORLANDO FL 32801

Principal Office Address
400 EAST SOUTH STREET, STE. 500
ORLANDO FL 32801

CM

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable
Suite, Apt. # etc.
City, State & Zip

100001708881
-02/07/96--01012--002
****576.25 ****576.25

2a. New Principal Office Address, If Applicable
Suite, Apt. # etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA
02/10/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$30,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date
5,696,921.00

6. FEI Number
59-3295393

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
$8.75 Additional Fee required for a Certificate of Status

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
BOURNE, ROBERT A
400 EAST SOUTH STREET, STE. 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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SENEFF, JAMES M JR.	400 EAST SOUTH STREET	ORLANDO FL 32801	
BOURNE, ROBERT A	400 EAST SOUTH STREET	ORLANDO FL 32801	
CNL REALTY CORPORATION	400 EAST SOUTH STREET	ORLANDO FL 32801	H87301

100001708881
-02/07/96--01012--003
******8.75 ******8.75

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

12/31/95
DATE

ROBERT A. BOURNE, GENERAL PARTNER
Typed or Printed Name of General Partner Signing Form

422-1575
Telephone Number

CR2E003 (6/95)

0001200