## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #

FILED

98 OCT 27 PM 1:41

SECRETARY UP STATE

	A95000000205			TALLAHASSEE, FLORIDA				
CNL INCOME FUND XVII, LTD.								
Mailing Address	Principal Office Address			3. Date Formed or Re	egistered	5a. Capita	al Contributions as	
400 EAST SOUTH STREET. STE. 500 ORLANDO FL 32901	400 EAST SOUTH STREET, STE. 500 ORLANDO FL 32801			02/10/1995 3a. Date of Last Rep	ort	\$30,0	00,000,000	
				11/03/1997 4. State or Country of	Formation	5b. Amou Contri to date	nt of Capital butions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		FL	romation		,000,000.00	,   	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number			Applied For	$\dashv$	
City & State	City & State		59-3295393			Not Applicable		
Zip Country	Zip Country			7. Certificate of Status	Desired	\$8.75 Additional Fee Required		
				8. Make check payabi	e to: Dept. of St	ate (See reve	se side for fee information	n)
9. Name and Address of Current Re	plistered Acent	1		10 If changed as	we Pagistarad /	Cont/Office		-
9. Name and Address of Current Registered Agent  BOURNE, ROBERT A  400 EAST SOUTH STREET, STE. 500  ORLANDO FL 32801		Name	10. If changed, new Registered Agent/Office Name					$\dashv$
		Street Address (P.O. Box Number is Not Acceptable)					-	
		Suite, Apt. #, etc.					$\dashv$	
	City		Zip Code					_
						FL		
10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of the control of the contro	stered agent, or both, in the State of Florid	I limited partners la. Such change	ihip organl was autho	zed or registered under ti rized by its general partn	er(s). I hereby a	State of Florida accept the app	t, submits this statement cointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)  A CENEDAL DADTNED THAT IS	A COPPORATION I	IMITED	DADT	NEDGUID OF	DATE_	DIICIA	JECC ENTITY	_
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)	11a. Address of Each General (Do NOT Use Post Office Box		11b.	City, State & Zip Co	đe	11c.	Registration/ Document Number	
SENEFF, JAMES M JR.			ORL	ANDO FL 32801	0026	 3784	1565	CR2E003 (8/98)
BOURNE, ROBERT A	400 EAST SOUTH STREET		ORL	ANDO FL 32801	-11/03/ ****52	′8801 % 25	008013 ****526.25	2E00
CNL REALTY CORPORATION	400 EAST SOUTH STREET		ORL	ANDO FL 32801		H87		R
					AL (	CT 27	7 1998	
Note: General partners MAY NOT b	e changed on this form	; an amer	ndmer	nt must be file	d to char	ige a ge	neral partner.	
12. I do hereby certify that the Information supplied with this filling 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	Mu	DATE	10/7/98
Typed or Printed Name of General Partner Signing Form	Robert A. Bourne	Daytime Telephone Number	(407) 650-1000