FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000000559

FIL.ED 97 NOV 20 AM 9: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA



CNL RETAIL INVESTORS IN	ν, LTD.	CW		88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 8
Malling Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801	Principal Office Address 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801		3. Date Formed or Registered 03/22/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$3,000,000.00
			01/21/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address	28. Principal Office Addres	2a. Principal Office Address		\$3,000,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ Applied For
City & State Zip Country	City & Stato	Zip Country		Not Applicable \$8.75 Additional For Required
				State (See reverse side for fee informati
9, Name and Address of C	current Registered Agent	Name	10. If changed, new Registers	od Agent/Office
400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801 10a. Pursuant to the provisions of sections 620 1051 and 620,192, Fiorida Statutes, the above for the purpose of changing its registered office or registered agent, or both, in the State agent I am familiar with, and accept the obligations of section 620 192, Florida Statutos		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc11/25/9701088018 City ****550.00 *****550.00 FL Genamed limited partnership organized or registered under the laws of the State of Florida, submits this statement of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.		
IGNATURE (Registered Agent Accepting Appointme	IAT IS A CORPORATION UST BE REGISTERED A	AND ACTIVE W	DATE RTNERSHIP OR OTHE TITH THIS OFFICE.	R BUSINESS ENTITY
1. Name(s) of General Partner(s)	Address of Each Go (Do NOT Use Post Office	eneral Partner de Box Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number
SENEFF, JAMES M JR.	400 EAST SOUTH ST	REET 0	RLANDO FL 32801	
BOURNE, ROBERT A	400 EAST SOUTH ST	REET 0	RLANDO FL 32801	

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)(k), Florida Statutes. I release the Division of Corporations from any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. Further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as it made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted ampowered to execute this report as required by chapter 6 up logida Statutes.

SIGNATURE .

Typed or Printed Name of General Partner Signing Form: Robert A. Bourne

Daytime Telephone Number (407) 422-1574