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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

CNL RETAIL INVESTORS IV, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9600000559**

FILED

98 OCT 27 PM 1:35



Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
400 EAST SOUTH STREET, SUITE 500	400 EAST SOUTH STREET. SUITE 500		03/22/1996		000,000.00		
ORLANDO FL 32801	ORLANDO FL 32801		3a. Date of Last Report	Ψοιουοιουοιου			
			Į	11/20/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:			
Z. Walling Address	Zea Francipal Onice Address		FL	\$2,075,000.00			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For		
City & State	City & State			59-3376153 ☐ Not Applicable			
				7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip Country		-	8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Re	-			10. If changed, new Registered Agent/Office			
BOURNE, ROBERT A		Name	Name				
400 EAST SOUTH STREET, SUITE 500		Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32801	Suite, Apt. #, etc.		#, etc.				
	City			Zip Code			
				FL The state of th			
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 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 Code	11c.	Registration/ Document Number	
SENEFF, JAMES M JR.	400 EAST SOUTH STREET		ORLANDO FL 32801			CBSECON (RIGR)	
BOURNE, ROBERT A	400 EAST SOUTH STREET		ORLANDO FL 32801			200	
				1000026 -11/02/9 ****52	7 7 3 8 0 10 5, 25	415 07009 ****\$26.25	
The state of the s				I (AL	OCT 2	7 1998,	
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 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.

Toward or Delete of Name of Consent Devices Clearing Fo	

SIGNATURE

Robert A. Bourne

DATE

10/7/98

(407) 650-1000