


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -4 PM 3: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B00000000388			
1. Entity Name CNL COMMERCIAL FUNDING, LP			
Principal Place of Business 450 SO. ORANGE AVE. ORLANDO, FL 32801		Mailing Address 450 SO. ORANGE AVE. ORLANDO, FL 32801	
2. Principal Place of Business 450 S. Orange Ave. Suite, Apt. #, etc. Suite 900 City & State Orlando, FL Zip 32801 Country		3. Mailing Address 450 S. Orange Ave. Suite, Apt. #, etc. Suite 900 City & State Orlando, FL Zip 32801 Country	
4. FEI Number 59-3650070		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04282005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent HABICHT, KEVIN B 450 SO. ORANGE AVE. ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 450 S. Orange Ave Suite 900 City Orlando FL Zip Code 32801	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$5,000,000.00	
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 #	CNL COMMERCIAL, INC.	STREET ADDRESS	450 S. Orange Ave, Suite 900
NAME	450 SO. ORANGE AVE.	CITY-ST-ZIP	Orlando, FL 32801
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300055581243
STREET ADDRESS			06/01/05--01044--005 **526.25
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CITY-ST-ZIP			

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

SIGNATURE: K.B. Nut 4/28/05 407-650-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE