

09/29/2004 09:37 FAX

001

B04000000416

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000194458 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Kathleen M. Walking

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113613003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699

RECEIVED

04 SEP 29 AM 11:06

DIVISION OF CORPORATIONS

FOREIGN LIMITED PARTNERSHIP

CNL INCOME PARTNERS, LP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$148.75

04 SEP 29 PM 1:43


DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. CNL INCOME PARTNERS, LP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. DELAWARE 4. 9/23/04
(State of Formation) (Date of Formation)
5. LINDA A. SCARCELLI
(Name of Registered Agent for Service of Process)
6. 450 S ORANGE AVENUE
(Street Address of Registered Office)
- ORLANDO Florida 32801
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
- By: 
(Agent must sign on this line)
8. 450 S. ORANGE AVENUE
ORLANDO FL 32801
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|------------------------------|---|
| <u>CNL INCOME GP CORP.</u> | <u>450 S ORANGE AVENUE, ORLANDO, FL 32801</u> |
- F04-5502
10. 450 S ORANGE AVENUE, ORLANDO, FL 32801
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

H040001944583

09/29/2004 09:38 FAX

003

B040001944583

12. PO BOX 4920

ORLANDO, FL 32802-4920

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 28 day of September, 2004.

By: Tammie A. Quinlan, SVP, CFO and Secretary of the GP CNL Income GP Corp.

General Partner

STATE OF FLORIDA

COUNTY OF ORANGE

On this 28 day of SEPTEMBER, 2004

TAMMIE A. QUINLAN, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kathleen M. Walkling
(Notary Public Signature)



Kathleen M. Walkling

My Commission DD224929

Expires June 22, 2007

KATHLEEN M. WALKLING

(Notary's Printed Name)

Seal

My Commission Expires: _____

09 SEP 29 PM 1:43

RECEIVED
DIVISION OF CORPORATIONS

B040001944583

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Tammie A. Quinlan, Secretary of CNL Income GP Corp.
a general partner of CNL Income Partners, LP, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 4,995.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,995.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 28 day of September, 2004.

By: Tammie A. Quinlan, SVP, CFO and Secretary of the GP CNL Income GP Corp.

General Partner

STATE OF FLORIDA

COUNTY OF ORANGE

On this 28 day of September, 2004,

Tammie A. Quinlan, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

04 SEP 29 PM 1:43

RECEIVED
DIVISION OF CORPORATE FILINGS

Kathleen M. Walkling
(Notary Public Signature)

Kathleen M. Walkling
(Notary's Printed Name)



Kathleen M. Walkling Commission Expires: _____
My Commission DD224669
Expires June 22, 2007