

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B04000000429

**Entity Name:** CNL INCOME MAMMOTH, LP

**FILED**  
**Feb 22, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

450 S ORANGE AVENUE  
ORLANDO, FL 32801336

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 328024920

**New Mailing Address:**

**FEI Number:** 34-2022635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCARCELLI, LINDA A  
450 S ORANGE AVENUE  
ORLANDO, FL 32801336 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M04000004140  
Name: CNL INCOME MAMMOTH GP, LLC  
Address: 450 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801336

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A BOURNE

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02/22/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date