

Division of Corporations Public Access System

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(((H060001169653)))

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To:

Division of Corporations

Fax Number

; (850)205-0383

From:

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone

: (407)650-1000

Fax Number

: (407)540-2699

FLORIDA/FOREIGN LP/LLP

CNL Income Colony, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

	limited partnership or limited liability limited p ness in Florida; must contain acceptable suffix.	
_{2.} Delaware	3 April 19, 2006 (Date of Formation)	
(State or Country of Formation)	(Date of Formation)	ر المارية الم
4. Linda A. Scarcelli		्रिक्त कर्न इ.स. कर्न
	ed Agent for Service of Process)	1 1
5 450 S. Orange Ave.		E
(Florida street a	ddress for Registered Agent)	
Orlando, FL 32801		<u> </u>
comply with the provisions of all statutes relative and I am familiar with an accept the obligation.	of Registered Agent	

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9. P.O. Box 4920, Orlando, FL 32802 (Mailing address)			
10. Name, principal office address, and m	nailing address of each general partner:		
CNL Income Colony GP, LLC	450 S. Orange Ave.		
(Name)	Orlando, FL 32801		
MOG - 2432	same	-	
•	(Mailing Address)		
		, (3°	
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		

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. (Nатте)		(Street Address)	
	 -	(Mailing Address)	
			
(Name)	 _	(Street Address)	
	<u></u>		
		(Mailing Address)	14/2
			
			52
11. Effective date, if other than the date of	filing: upon fi	ling	
(Effective date cannot be prior to no filed by the Florida Department of S		days after the date this docume	ent is
12. Attached is a certificate of exist to the delivery of this application to State or other official having custod law of which it is organized.	the Florida Depa	artment of State, by the Secreta	ary of
Signed this <u>27</u> day	of April	,20 06	
Signature of a general partner:			
Lings A. Scarcelli, Asst. Se CNL Income Colony GP, LLC, i	cretary of		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$96: \$52.50 \$8.75	Filing Fee and \$35 Registered Age	nt Fee)

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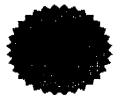
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME COLONY, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4685516

DATE: 04-21-06 H06000116965 3

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