2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 08:00 AM DOCUMENT # **B9400000334** 1. Entity Name **Secretary of State** CNL NET LEASE INVESTORS, L.P. LTD. Principal Place of Business Mailing Address · C/O C T CORPORATION SYSTEM 400 EAST SOUTH STREET, SUITE 500 818 WEST SEVENTH STREET LOS ANGELES CAORLANDO FL 90017 32801 2. Principal Place of Business 3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO 59-3260434 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32801 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 Zip Code 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. 03/28/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Capital Contributions 11: MAKE CHECK PAYABLE TO DEPT OF STATES 10. Amount of Capital Contributions as Shown on record. 173,094,895.00 in FLORIDA to date. 173,094,895.00 SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS 450 S. ORANGE AVENUE VALAF CNL INSTITUTIONAL PARTNERS, INC. STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500 CITY-ST-ZIP ORLANDO \mathbf{FL} 32801 CITY-ST-7IP ORLANDO \mathbf{FL} 32801 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS VAME

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

DODEDT A DOLLDME

STREET ADDRESS

CITY-ST-ZIP