FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Setretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # B98000000271

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 FEB - 5 AM 9: 28

__ DATE 12/15/98

(407) 650-1000

CNL FINAN	CIAL IV PROPERTIE	ES, LP						
Melling Address 400 E. SOUTH ST., SUITE 500 ORLANDO FL 32801		Principal Office Address 1209 ORANGE ST. WILMINGTON DE 19801			3. Date Formed or Registered 04/22/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$3,000,000.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address		2a. Principal Office Address			4. State or Country of Formation DE \$6,800			
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			6. FEI Number 59~3501688	Applied For Not Applicable		
Zip	Country	Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office Name				
for the purp agent. I am	H STREET . 32801 the provisions of sections 620,1051 and	620,192, Florida Statutes, the above-nam gistered agent, or both, in the State of Flor of section 620,192, Florida Statutes	Suite, Apt. City	#, etc. ership organi		e State of Florida by accept the ap		
	AL PARTNER THAT	IS A CORPORATION, I			NERSHIP OR OTHE		NESS ENTITY	
11. Name(s)	of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
CNL FINANC	CIAL IV PROPERTIES,	400 E. SOUTH ST., SUI		ORL	ANDO FL 32801	F98		
j.					42 g-99			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the Information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE Robert A. Bourne, as Treasurer of CNL Financial
Typed or Printed Name of General Partner Signing Form IV Properties, Inc., General Partner Baytime Telephone Number

empowered to execute this report as required by chapter 620, Florida Statutes.