

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005502

Entity Name: CNL INCOME GP CORP.

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

450 S ORANGE AVENUE  
ORLANDO, FL 328013336

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4920  
ORLANDO, FL 328024920

## New Mailing Address:

FEI Number: 20-1674792

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 328013336 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SENEFF, JAMES M JR  
Address: 450 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

Title: VCDT ( ) Delete  
Name: BOURNE, ROBERT A  
Address: 450 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

Title: PDC ( ) Delete  
Name: CARLOCK, RAYMON BYRON JR  
Address: 450 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

Title: EVPS ( ) Delete  
Name: QUINLAN, TAMMIE A  
Address: 450 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

Title: COO ( ) Delete  
Name: MULLER, CHARLES A  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: AS ( ) Delete  
Name: SCARCELLI, LINDA A  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: QUINLAN, TAMMIE A  
Address: 450 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA A. SCARCELLI

AS

03/17/2009

Electronic Signature of Signing Officer or Director

Date