## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006260

Entity Name: CNL INCOME SNOQUALMIE TRS CORP.

FILED Feb 09, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
450 S ORANGE AVE	

ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

P.O. BOX 4920 ORLANDO, FL 32802

FEI Number: 20-5648855 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCARCELLI, LINDA A 450 S. ORANGE AVE. ORLANDO, FL 32801 US

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

## **OFFICERS AND DIRECTORS:**

Title:

Name: CARLOCK, RAYMON BYRON JR.

Address: 450 S. ORANGE AVE. City-St-Zip: ORLANDO, FL 32801

Title: 1

Name: BOURNE, ROBERT A Address: 450 S. ORANGE AVE. City-St-Zip: ORLANDO, FL 32801

Title: EVPD

Name: MULLER, CHARLES A Address: 450 S. ORANGE AVE. City-St-Zip: ORLANDO, FL 32801

Title: DEVP

Name: QUINLAN, TAMMIE A Address: 450 S. ORANGE AVE. City-St-Zip: ORLANDO, FL 32801

Title: SVPD

Name: JOHNSON, JOSEPH T Address: 450 S. ORANGE AVE. City-St-Zip: ORLANDO, FL 32801

Title: AS

Name: SCARCELLI, LINDA A Address: 450 S. ORANGE AVE. City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH T. JOHNSON SVP 02/09/2011