## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000007651

Entity Name: CNL INCOME MARINA TRS CORP.

FILED Apr 04, 2007 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:	20-8018446	FEI Number Applied For ( ) FEI Num	nber Not Appli	icable ( ) 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:					
	Electron	ic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVD () MULLER, CHAR 450 S. ORANGE ORLANDO, FL	E AVE.	Title: Name: Address: City-St-Zip:	EVPD (X) Change ( ) Addition MULLER, CHARLES A 450 S. ORANGE AVE. ORLANDO, FL 32801	
Title: Name: Address: City-St-Zip:	EVD () QUINLAN, TAMM 450 S. ORANGE ORLANDO, FL	E AVE.	Title: Name: Address: City-St-Zip:	EVPD (X) Change ( ) Addition QUINLAN, TAMMIE A 450 S. ORANGE AVE. ORLANDO, FL 32801	
Title: Name: Address: City-St-Zip:	T () BOURNE, ROBI 450 S. ORANGE ORLANDO, FL	E AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () SCARCELLI, LII 450 S. ORANGE ORLANDO, FL	E AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () THOMAS, MYRO 450 S. ORANGE ORLANDO, FL	E AVE.	Title: Name: Address: City-St-Zip:	SVP (X) Change ( ) Addition SINELLI, AMY 450 S. ORANGE AVE. ORLANDO, FL 32801	

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMON BYRON CARLOCK, JR. P 04/04/2007