

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000961

FILED
Feb 25, 2010
Secretary of State

Entity Name: CNL INCOME FRONTIER CITY TRS CORP.

Current Principal Place of Business:

450 S ORANGE AVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P O BOX 4920
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 20-8405344 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 AVE
ORLANDO, FL 32801 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: P
Name: CARLOCK, RAYMON BYRON JR
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

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

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

Title: DSVP
Name: JOHNSON, JOSEPH T
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: LINDA A SCARCELLI

AS

02/25/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date