

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000964

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** CNL INCOME DARIEN LAKE 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:** 20-8405566

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARLOCK, RAYMON B 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: EVPD  
Name: MULLER, CHARLES A  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: EVPD  
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 AVENUE  
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

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date