

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000957

FILED
Mar 02, 2011
Secretary of State

Entity Name: MACQUARIE CNL GLOBAL INCOME TRUST, INC.

Current Principal Place of Business:

450 SO. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 26-4386951 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 SO. ORANGE AVENUE
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: C
Name: SENEFF, JAMES M JR
Address: 450 SO. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: BANKS, MATTHEW S
Address: ONE NORTH WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: P
Name: HYLTI, ANDREW A
Address: 450 SO. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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

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

Title: SVP
Name: MULLEN, MARK D
Address: ONE NORTH WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

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: ROBERT A. BOURNE

CEO

03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date