2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2011
Secretary of State

DOCUMENT# F09000002097

Entity Name: CNL INCOME LEGACY TRS CORP.

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4920
ATTN: LEGAL COMPLIANCE DEPT. 14TH FL
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 27-0230860 **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 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: AS
Name: SCARCELLI, LINDA A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: DEANGELIS, DAVID V
Address: 68 SO. SERVICE ROAD #120
City-St-Zip: MELVILLE, NY 11747

Title: D
Name: FRIDLINGTON, JOHN L
Address: 68 SO. SERVICE ROAD #120
City-St-Zip: MELVILLE, NY 11747

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

Title: P
Name: CARLOCK, RAYMON BYRON JR.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: DEVP
Name: MULLER, CHARLES A
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 02/03/2011

Electronic Signature of Signing Officer or Director — Date