

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004139

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: CNL INCOME STRATTON GP, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 328013336

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

FEI Number: 34-2022637      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 328013336 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CARLOCK, RAYMON BYRON JR.  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

Title: MGR ( ) Delete  
Name: MULLER, CHARLES A  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

Title: MGR ( ) Delete  
Name: QUINLAN, TAMMIE A  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

Title: MGR ( ) Delete  
Name: ANGELO, BERNARD  
Address: 445 BROAD HOLLOW ROAD SUITE 239  
City-St-Zip: MELVILLE, NY 11747

Title: MGR ( ) Delete  
Name: WONG, TONY  
Address: 445 BROAD HOLLOW ROAD, SUITE 239  
City-St-Zip: MELVILLE, NY 11747

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TONY WONG

MGR

02/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date