

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004139

Entity Name: CNL INCOME STRATTON GP, LLC

FILED  
Apr 02, 2009  
Secretary of State

## 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: MGR (X) Change ( ) Addition  
Name: SINELLI, AMY  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

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

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

Title: MGR (X) Change ( ) Addition  
Name: ANGELO, BERNARD  
Address: 68 SO. SERVICE ROAD, SUITE 120  
City-St-Zip: MELVILLE, NY 11747

Title: MGR (X) Change ( ) Addition  
Name: WONG, TONY  
Address: 68 SO. SERVICE ROAD, SUITE 120  
City-St-Zip: MELVILLE, NY 11747

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: AMY SINELLI

MGR

04/02/2009

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