

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000004139

**FILED**  
**Mar 17, 2010**  
**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  
**Name:** JOHNSON, JOSEPH T  
**Address:** 450 S. ORANGE AVENUE  
**City-St-Zip:** ORLANDO, FL 328013336

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

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

**Title:** MGR  
**Name:** ANGELO, BERNARD  
**Address:** 68 SO. SERVICE ROAD, SUITE 120  
**City-St-Zip:** MELVILLE, NY 11747

**Title:** MGR  
**Name:** WONG, TONY  
**Address:** 68 SO. SERVICE ROAD, SUITE 120  
**City-St-Zip:** MELVILLE, NY 11747

I hereby 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:** JOSEPH T JOHNSON

MGR

03/17/2010

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