

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006322

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: CNL INCOME PIER 121 MARINA, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

FEI Number: 20-5888107

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 AVE.  
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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BYRON CARLOCK, RAYMON JR.  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: MULLER, CHARLES A  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: QUINLAN, TAMMIE A  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: ANGELO, BERNARD J  
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 AVE.  
City-St-Zip: ORLANDO, FL 32801

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

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

Title: MGR (X) Change ( ) Addition  
Name: ANGELO, BERNARD J  
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

03/19/2009

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