

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006339

**Entity Name:** CNL INCOME MARINA I, LLC

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**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:** 20-5883917      **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  
Name: JOHNSON, JOSEPH T  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: MGR  
Name: YESTER, SHARON A  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: MGR  
Name: GREER, HOLLY  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: MGR  
Name: BILLOTTA, FRANK B  
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

02/17/2012

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