2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006378

Entity Name: CNL INCOME SIGNATURE OF SOLON, LLC

445 BROAD HOLLOW ROAD, SUITE 239

MELVILEE, NY 11747

Address:

City-St-Zip:

FILED Feb 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 450 S. ORANGE AVENUE ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** PO BOX 4920 ORLANDO, FL 32802 FEI Number: 20-5877323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCARCELLI, LINDA A 450 S. ORANGE AVENUE ORLANDO, FL 32801 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CARLOCK, RAYMON B JR. Name: Name: 450 S. ORANGE AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MULLER, CHARLES A Name: Address: 450 S. ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: MGR () Delete Title: () Change () Addition QUINLAN, TAMMIE A Name: Name: 450 S. ORANGE AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ANGELO, BERNARD J Name: Address: 445 BROAD HOLLOW ROAD, SUITE 239 Address: City-St-Zip: MELVILEE, NY 11747 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WONG, TONY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TONY WONG MGR 02/27/2008