

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006388

FILED
Feb 14, 2007
Secretary of State

Entity Name: CNL INCOME ROYAL MEADOWS, LLC

Current Principal Place of Business:

450 S ORANGE AVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

450 S ORANGE AVE
ORLANDO, FL 32801

New Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

FEI Number: 20-5876461

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: CARLOCK, RAYMON B 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 STE 239
City-St-Zip: MELVILLE, NY 11747

Title: MGR () Delete
Name: WONG, TONY
Address: 445 BROAD HOLLOW ROAD STE 239
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES A. MULLER

MGR.

02/14/2007

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