

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006397

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: CNL INCOME LAKERIDGE, 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: 20-5876403

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: RAYMON BYRON CARLOCK, 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: ( ) 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