2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2011
Secretary of State

DOCUMENT# M06000006397

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:

PO BOX 4920
ORLANDO, FL 32802

New Mailing Address:

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

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

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

Title: MGR
Name: ANGELO, BERNARD J
Address: 68 SO. SERVICE ROAD, SUITE 120
City-St-Zip: MELVILLE, NY 11747

Title: MGR
Name: WONG, TONY
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 Statues.

SIGNATURE: JOSEPH T. JOHNSON MGR 02/03/2011

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