2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000722

BILOTTA, FRANK B

NEW YORK, NY 10036

114 WEST 47TH STREET, SUITE 2310

Name:

Address:

City-St-Zip:

Entity Name: CNL INCOME AMUSEMENT II, LLC

FILED Feb 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 450 SOUTH ORANGE AVENUE ORLANDO, FL 328013336 **Current Mailing Address: New Mailing Address:** PO BOX 4920 450 SOUTH ORANGE AVENUE ORLANDO, FL 328013336 ORLANDO, FL 32802 FEI Number: 20-8339337 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 SOUTH ORANGE AVENUE ORLANDO, FL 328013336 US 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 MULLER, CHARLES A Name: Name: 450 SOUTH ORANGE AVENUE Address: Address: City-St-Zip: ORLANDO, FL 328013336 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: QUINLAN, TAMMIE A Name: Address: 450 SOUTH ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 328013336 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition CARLOCK, RAYMON BRYON JR. Name: CARLOCK, RAYMON BYRON JR. Name: 450 SOUTH ORANGE AVENUE 450 SOUTH ORANGE AVENUE Address: Address: City-St-Zip: ORLANDO, FL 328013336 City-St-Zip: ORLANDO, FL 328013336 Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAYMON BYRON CARLOCK MGR 02/25/2008