2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# M07000004761

Entity Name: CNL INCOME SR II, LLC

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 26-0582568 **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 AVENUE
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 AVENUE
City-St-Zip:	ORLANDO, FL 32801
Title:	MGR ( ) Delete
Name:	MULLER, CHARLES A
Address:	450 S. ORANGE AVENUE
City-St-Zip:	ORLANDO, FL 32801
Title:	MGR ( ) Delete
Name:	QUINLAN, TAMMIE A
Address:	450 S. ORANGE AVENUE
City-St-Zip:	ORLANDO, FL 32801
Title:	MGR ( ) Delete
Name:	PEREZ, DAMIAN A
Address:	445 BROAD HOLLOW ROAD, SUITE 239
City-St-Zip:	MELVILLE, NY 11747
Title:	MGR ( ) Delete
Name:	STIDD, ANDREW L
Address:	445 BROAD HOLLOW ROAD, SUITE 239
City-St-Zip:	MELVILLE, NY 11747

ADDITIONS/CHANGES:

Title:	MGR (X) Change ( ) Addition
Name:	SINELLI, AMY
Address:	450 S. ORANGE AVENUE
City-St-Zip:	ORLANDO, FL 32801
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGR (X) Change ( ) Addition
Name:	PEREZ, DAMIAN A
Address:	68 SO. SERVICE ROAD, SUITE 120
City-St-Zip:	MELVILLE, NY 11747
Title:	MGR (X) Change ( ) Addition
Name:	STIDD, ANDREW L
Address:	68 SO. SERVICE ROAD, SUITE 120
City-St-Zip:	MELVILLE, NY 11747

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.

SIGNATURE: AMY SINELLI MGR 04/02/2009

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