

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003146

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** CNL INCOME MYRTLE WAVES, LLC

**Current Principal Place of Business:**

450 S ORANGE AVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4920 ATTN: LEGAL COMPLIANCE  
ORLANDO, FL 32802

**New Mailing Address:**

**FEI Number:** 26-2918989

**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 SOUTH SERVICE ROAD STE 120  
**City-St-Zip:** MELVILLE, NY 11747

**Title:** MGR  
**Name:** WONG, TONY  
**Address:** 68 SOUTH SERVICE ROAD STE 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 Statutes.

**SIGNATURE:** JOSEPH T. JOHNSON

MGR

03/03/2010

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