2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# M08000004684

Entity Name: CNL INCOME MOUNT SUNAPEE, LLC

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Mailing Address:

PO BOX 4920 ATTN: LEGAL COMPLIANCE
ORLANDO, FL 32802

FEI Number: 26-3587524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVENUE
ORLANDO, FL 32801 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: LINDA A. SCARCELLI 02/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ANGELO, BERNARD J
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: WONG, TONY
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: CARLOCK, RAMON BYRON JR.
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: MULLER, CHARLES
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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: WONG, TONY
Address: 68 SO. SERVICE ROAD, SUITE 120
City-St-Zip: MELVILLE, NY 11747

Title: MGR (X) Change ( ) Addition
Name: SINELLI, AMY
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change ( ) Addition
Name: MULLER, CHARLIE A
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 02/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date