

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001016

FILED
Apr 12, 2010
Secretary of State

Entity Name: MACQUARIE CNL GLOBAL INCOME ADVISORS, LLC

Current Principal Place of Business:

450 SO. ORANGE AVE.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

450 SO. ORANGE AVE.
ORLANDO, FL 32801

New Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

FEI Number: 26-3861585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 SO. 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: SENEFF, JAMES M
Address: 450 SO. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MGR
Name: BOURNE, ROBERT A
Address: 450 SO. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MGR
Name: MCWILLIAMS, CURTIS B
Address: 450 SO. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MGR
Name: BANKS, MATTHEW S
Address: ONE NORTH WACKER DR 9TH FLOOR
City-St-Zip: CHICAGO, IL 60606

Title: MGR
Name: MENTZINES, STEPHEN
Address: ONE NORTH WACKER DR 9TH FLOOR
City-St-Zip: CHICAGO, IL 60606

Title: MGR
Name: MULLEN, MARK D
Address: ONE NORTH WACKER DR 9TH FLOOR
City-St-Zip: CHICAGO, IL 60606

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: CURTIS B. MCWILLIAMS

MGR

04/12/2010

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