File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

ANNUAL REPORT 1998		Sandra Secre		FILED										
			98 APR 24 AM 11: 45											
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000203							SECRETARY OF STATE TALLAHASSEE, FLORIDA							
CNL FINANCIAL III, LLC 400 EAST SOUTH STEET, SUITE 500- ORLANDO FL 32801						1a. Principal Place of Business Address 400 EAST SOUTH STEET, SUITE ORLANDO FL 32801								
2. Principal Place of Business 2			. Mailing Address				Organize	d or Qualified	3s. Stat	te of Form	nation			
400 E. SOUTH ST. Suite, Apt. #, etc.		400 Suite, Ap	E. SOUTH	ST.		04/17/1997			DE					
SUITE 500] -, ,	SUITE 500			4. FEI Number			Applied For					
City & State		City & State				59-3443091 -APPLIED-FOR			Not Applicable					
ORLANDO, FL		ORLANDO, FL			5. Date of Las				6. Certificate of Status Desired					
Zip	Country	Zip		Countr	•	ŀ			SB 75 Add	dational Fer	e Heguir	cd		
	32801 USA 32801 7. Name and Address of Current Registered			<u> </u>	JSA 8.	Name and	Address	of New Regist	ered Age	Anent/Office				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the all its registered office or registered agent, prooth, in the State of Florida. Such change was a as registered agent, and accept the obligations. SIGNATURE					City ORLi cove-named limiter withorized by affirmation	Zip Code 32	de 2801 the purpose of changing y accept the appointment							
	NOTE megislered Agr	e required when reinstating					State and Zip Code							
				Business Street Address								State and Zip Code		
MBR/MGR CNL FI				400 E. SOUTH ST., SUIT 400 EAST SOUTH STE				•						
MGR BOURNI	, ROBERT A		400 EA	ST (SOUTH ST	eer,	SUIT	-ORLAND	O FL	~				
MBR CNL FI	NANCIAL III SI	PC, INC	.400 E.	SOUT	H STREET,	SUITE	500	ORLAND	O, FL	3280	1			
•						•	900	00025 -04/28; ****18	798(18.75	01103 ***	01 *188	.3 .75		
								AL	- A!	PR 2	/ 19	70		

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. Curtis B. McWilliams, President

SIGNATURE:

ONL Financial Corp. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(407) 422-1574 Date Daytime Phone #