

To all to whom these Presents Shall Come, Greeting:

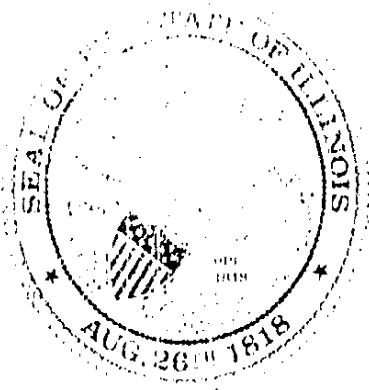
I, George H. Ryan, Secretary of State of the State of Illinois, do hereby certify that

CNL INCOME FUND XVII, LTD.,
A FLORIDA LIMITED PARTNERSHIP, DOING BUSINESS UNDER
THE ADMITTING NAME OF:

CNL INCOME FUND XVII, LIMITED PARTNERSHIP.

THE PROVISIONS OF THE REVISED UNIFORM LIMITED PARTNERSHIP ACT OF THE ILLINOIS STATE STATUTES ON 02/20/1996 IS AUTHORIZED AND EXISTS IN ILLINOIS AS A LIMITED PARTNERSHIP.*****

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois this* _____ *23RD* *day of* _____ *JANUARY* *A.D. 19 98*



George H Ryan

SECRETARY OF STATE

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CBM

UNOFFICIAL COPY

Property of Cook County Clerk's Office

Form LP 108C
(Rev. Jan. 1995)

FILING DEADLINE IS
PRIOR TO 02/01/98

\$15 Filing Fee

Submit Typed
Duplicate

FORMS OF PAYMENTS
Payments must be made
by certified check,
cashier's check, Illinois
attorney's check, Illinois
C.P.A.'s check or money
order, Payable to
"Secretary of State"
DO NOT SEND CASH!

SECRETARY OF STATE - STATE OF ILLINOIS
LIMITED PARTNERSHIP BIENNIAL RENEWAL REPORT

DO NOT MAKE CHANGES ON THIS FORM. IF CHANGES ARE NECESSARY, AMENDMENT
FORM LP 202 (ILLINOIS) OR LP 905 (FOREIGN) AND THE \$25 FEE IS REQUIRED.

Registered Agent name and Registered Agent's office address.

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604-1136

Limited Partnership Name: CNL INCOME FUND XVII, LTD.

Secretary of State's Assigned File Number: S010833

Federal Employer Identification Number: 593295393

State of Jurisdiction: FLORIDA

If Foreign attach a current Certificate of Good Standing

Date of formation: 02/20/1996

I affirm this limited partnership still exists in Illinois.

This limited partnership validly exists as a limited partnership under
the laws of florida as of this date.

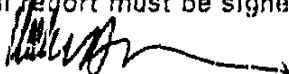
Address of office where records required by Section 104 (Illinois) or Section 902 (Foreign) are kept:

400 E SOUTH ST., SUITE 500

ORLANDO, FL 32801

The undersigned affirms, under penalty of perjury, that the facts stated herein are true.

Renewal report must be signed by a general partner.



(Signature)

ROBERT A. BOURNE, GENERAL PARTNER

(Type or Print Name and Title)

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357 Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

(Name of General Partner if a corporation or other entity)

(Signature must be in black ink on an original document. Carbon copy, photo copy or rubber stamp
signature may only be used on conformed copies).

000707

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C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604-1136

COOK

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