

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: 2005-05-02 | Period of Report: 2005-04-29  
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ISSUER

**CNL INCOME PROPERTIES INC**

CIK: 1261159 | IRS No.: 000000000 | State of Incorporation: MD | Fiscal Year End: 1231  
SIC: 6798 Real estate investment trusts

Mailing Address  
CNL CENTER AT CITY  
COMMONS  
450 S ORANGE AVENUE  
ORLANDO FL 32801

REPORTING OWNER

**BOURNE ROBERT A**

CIK: 1135993  
Type: 3 | Act: 34 | File No.: 000-51288 | Film No.: 05790281

|                         |                         |
|-------------------------|-------------------------|
| Mailing Address         | Business Address        |
| CNL REALTY INC          | 450 SOUTH ORANGE AVENUE |
| 450 SOUTH ORANGE AVENUE | ORLANDO FL 32801        |
| ORLANDO FL 32801        | 4076503679              |

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL                                |            |
|---|------------|
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

|  |  |  |  |  |
|--|--|--|--|--|
| 1. Name and Address of Reporting Person<br><b>BOURNE ROBERT A</b><br><br>(Last) (First) (Middle)<br><br><b>450 SOUTH ORANGE AVENUE</b><br><br>(Street)<br><br><b>ORLANDO, FL 32801</b><br><br>(City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br><br><b>04/29/2005</b> | 3. Issuer Name and Ticker or Trading Symbol<br><br><b>CNL INCOME PROPERTIES INC [NONE]</b>   |  |  |
|  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)<br><br><p style="text-align: center;"><b>Treasurer</b></p> |  | 5. If Amendment, Date Original Filed (Month/Day/Year)  |
|  |  |  |  | 6. Individual or Joint/Group Filing (Check applicable line)<br><input checked="" type="checkbox"/> Form Filed by One Reporting Person<br><input type="checkbox"/> Form Filed by More than One Reporting Person |
|  |  |  |  |  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock \$0.01 par value   | 0   | D  |   |

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|---|---|
|  | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |  |   |   |

**Signatures**

/s/ Robert A. Bourne  
 \*\* Signature of Reporting Person

04/26/2005  
 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.**