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TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850) 205-0383

From: AMY J. PATTERSON
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 650-1065

AA

****PLEASE COORDINATE THIS FILING WITH FAX AUDIT NUMBER H02000239380 7
THAT ENTITY IS THE GENERAL PARTNER OF THIS PARTNERSHIP.
THANK YOU.

AA

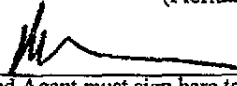
FLORIDA LIMITED PARTNERSHIP

CNL Risk Solutions, Ltd.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,846.25

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CERTIFICATE OF LIMITED PARTNERSHIP

- 1. CNL Risk Solutions, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
- 2. 450 S. Orange Avenue, Orlando, FL 32801-3336
(Business address of Limited Partnership)
- 3. Robert A. Bourne
(Name of Registered Agent for Service of Process)
- 4. 450 S. Orange Avenue, Orlando, FL 32801-3336
(Florida street address for Registered Agent)
- 5. By: 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
- 6. P.O. Box 4920, Orlando, FL 32802-4920
(Mailing Address of the Limited Partnership)

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TALLAHASSEE, FLORIDA

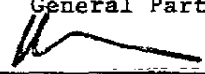
- 7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2052
- 8. Name(s) of general partner(s): CNL Risk Solutions, Inc. Street address: 450 S. Orange Avenue
Orlando, FL 32801-3336

P02000132945

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 19th day of December, 2002

Signature of all general partners:

By: <u>CNL Risk Solutions, Inc.</u> General Partner	_____	General Partner
	_____	General Partner
By: <u>Robert A. Bourne, President of GP</u>	_____	General Partner
_____	_____	General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

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TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of CNL Risk Solutions, Ltd.

_____ ,
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,000.00 .

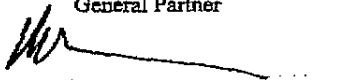
The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 5,000,000.00 .

Signed this 19th day of December , 2002 .

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

By: CNL Risk Solutions, Inc.
General Partner



General Partner

By: Robert A. Bourne, President of GP

General Partner

General Partner

General Partner