

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001686

Entity Name: CNL RISK SOLUTIONS, LTD.

FILED  
Feb 16, 2009  
Secretary of State

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 328013336

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 328024920

**New Mailing Address:**

FEI Number: 45-0500545      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCARCELLI, LINDA A  
450 S. ORANGE AVENUE  
ORLANDO, FL 328013336 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

**GENERAL PARTNER INFORMATION:**

Document #: P02000132945  
Name: CNL RISK SOLUTIONS, INC.  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ROBERT A. BOURNE VP OF GP

VP

02/16/2009

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date