

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001686

Entity Name: CNL RISK SOLUTIONS, LTD.

**FILED**  
**Mar 26, 2007**  
**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:**

BOURNE, ROBERT A  
450 S. ORANGE AVENUE  
ORLANDO, FL 328013336 US

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

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

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: LINDA A. SCARCELLI

03/26/2007

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 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

03/26/2007

Electronic Signature of Signing General Partner

Date