

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000466

Entity Name: CNL INCOME GW WI-DEL, LP

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

450 S. ORANGE AVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

FEI Number: 20-3619181

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 AVE  
ORLANDO, FL 32801 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 #: M05000005882  
Name: CNL INCOME GW WI-DEL GP, LLC  
Address: 450 S. ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

**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: LINDA A SCARCELLI, ASSIST SEC OF GP

AS

03/17/2009

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

\_\_\_\_\_  
Date