

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000479

**FILED**  
**Mar 26, 2007**  
**Secretary of State**

**Entity Name:** CNL INCOME GW SANDUSKY TENANT, LP

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

450 S. ORANGE AVE.  
ORLANDO, FL 32801

**New Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802

**FEI Number:** 16-1737380

**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 #: M05000006150  
Name: CNL INCOME GW TENANT 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 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: RAYMON BYRON CARLOCK, JR.

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03/26/2007

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

\_\_\_\_\_  
Date