

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003407

FILED
Apr 23, 2007
Secretary of State

Entity Name: CNL WBR GP CORP.

Current Principal Place of Business:

420 S ORANGE AVE
STE 700
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2226
ORLANDO, FL 328022226

New Mailing Address:

FEI Number: 59-3726323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, STEPHANIE J
420 S ORANGE AVE
STE 700
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SENEFF, JAMES M JR
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: STIDD, ANDREW L
Address: 445 BROAD HOLLOW RD.
City-St-Zip: MELVILLE, NY 10036

Title: D () Delete
Name: ANGELO, BERNARD J
Address: 445 BROAD HOLLOW RD
City-St-Zip: MELVILLE, NY 11747

Title: T () Delete
Name: BOURNE, ROBERT A
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: CEO () Delete
Name: HUTCHISON, THOMAS J III
Address: 420 S ORANGE AVE, STE 700
City-St-Zip: ORLANDO, FL 32801

Title: SEVP () Delete
Name: STRICKLAND, C. BRIAN
Address: 420 S ORANGE AVE, STE 700
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY A.N. BLOOM

SVP

04/23/2007

Electronic Signature of Signing Officer or Director

Date