FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 20 PM 4:19

1. Name of Limited Partnership

CFM PARTNERS, LTD.

1a. DOCUMENT # A95000001039

Mailing Address
1500 FLORIAN DRIVE
DANIAN FL 33004

Principal Office Address
1500 FLORIAN DRIVE
DANIAN FL 33004

3. Date Formed or Registered: 07/11/1995

3a. Date of Last Report: 12/28/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date: $1,000,000.00

2. Mailing Address
Suite, Apt. #, etc.
City & State: DANIA, FL 33004
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State: DANIA, FL 33004
Zip Country

6. FEI Number: 65-0600438 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

COHN, ALAN B
% ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER
2021 TYLER STREET
HOLLYWOOD FL 33022

10. 900109205942 9--3
Name -12/27/96--01066--001
Street Address (P.O. Box Number Is Not Acceptable) ****576.25 ****576.25
Suite, Apt. #, etc
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FLORMARWIN, INC.	1500 FLORIAN DRIVE	DANIA FL 33004	P95000049044

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE B J Florian DATE 12/17/96

Typed or Printed Name of General Partner Signing Form BERKELEY J. FLORIAN Daytime Telephone Number 954.922.9223

CR2E003 (6/96)