

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -5 AM 9:29

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001039

CFM PARTNERS, LTD.



Mailing Address 1500 FLORIAN DRIVE DANIA FL 33004		Principal Office Address 1500 FLORIAN DRIVE DANIA FL 33004		3. Date Formed or Registered 07/11/1995	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/11/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
City & State		City & State		6. FEI Number 65-0600438 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$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. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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) FLORMARWIN, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1500 FLORIAN DRIVE	11b. City, State & Zip Code DANIA FL 33004	11c. Registration/ Document Number P95000049044
400002771534 -- 7 -02/10/99--01055--006 ****526.25 ****526.25 4/2-9-99			

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 Berkeley J. Florian DATE 12/11/98
 Typed or Printed Name of General Partner Signing Form BERKELEY J. FLORIAN Daytime Telephone Number 860 621-7803

CR2E003 (8/98)