


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000001039	
1. Entity Name CFM PARTNERS, LTD.	

Principal Place of Business 1500 FLORIAN DRIVE DANIA, FL 33004	Mailing Address 1500 FLORIAN DRIVE DANIA, FL 33004
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State

04192004 Chg-LP CR2E003 (10/03)

Zip	Country	Zip	Country
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4. FEI Number 65-0600438	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and if applicable

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000049044	STREET ADDRESS	
NAME	FLORMARWIN, INC.	CITY- ST- ZIP	
STREET ADDRESS	1500 FLORIAN DRIVE		U00000139966
CITY- ST- ZIP	DANIA, FL 33004		04/29/04-80142-015 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

[Handwritten Signature]