


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 07, 2008 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
**C/O GREENSPOON MARDER P.A.
 100 WEST CYPRESS CREEK ROAD, SUITE 700
 FT. LAUDERDALE, FL 33309**



DO NOT WRITE IN THIS SPACE

04022008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0600438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COHN, ALAN B
 100 WEST CYPRESS CREEK ROAD
 SUITE 700
 FT. LAUDERDALE, FL 33309**

DO NOT WRITE IN THIS SPACE

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 title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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

DOCUMENT #	P95000049044
NAME	FLORMARWIN, INC.
STREET ADDRESS	1500 FLORIAN DRIVE
CITY-ST-ZIP	DANIA, FL 33004
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000886075
 04/18/08-80041-001 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE: *Dwight J. Maxwell* **4/3/08** **860 631-4802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #