

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000000695**

1. Entity Name  
**CM PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3: 05



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
12301 PARK AVENUE  
WINDERMERE FL 34786

Mailing Address  
12301 PARK AVENUE  
WINDERMERE FL 34786-7711

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3433902**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PANZL, JOSEPH R ESQ.**  
**111 NORTH ORANGE AVE, SUITE 900**  
**ORLANDO FL 32801**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,250,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P97000026549**  
NAME **CH-MO, INC.**  
STREET ADDRESS **12301 PARK AVENUE**  
CITY - ST - ZIP **WINDERMERE FL 34786**

STREET ADDRESS

CITY - ST - ZIP

**300003260443--R**  
**-05/19/00--01123--008**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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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

By: **CH-MO, Inc.**  
**SIGNATURE: Edward L. Movianty** President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/00 407-799-8888

Date Daytime Phone #

CR2E003 (3/1/9)