

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013034 AF

**DOCUMENT # A97000000695**  
 1. Entity Name  
**CM PARTNERS, LTD.**

**FILED**  
 01 APR 24 PM 5:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 12301 PARK AVENUE      12301 PARK AVENUE  
 WINDERMERE FL 34786      WINDERMERE FL 34786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3433902**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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 #	<b>P97000026549</b>
NAME	<b>CH-MO, INC.</b>
STREET ADDRESS	<b>12301 PARK AVENUE</b>
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>
DOCUMENT #	
NAME	
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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

**SIGNATURE:** *Edward L. Moriarty*  
 By: **Edward L. Moriarty, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/14/01**      (407) 799-8888  
 Date      Daytime Phone #

CR2E003 (11/00)