2002	UNIFOR		NESS REPO	RT	(UBR)	.	•			0016358
DOCUMENT # A9700000695 1. Entity Name						FILED 02 MAR 18 PM 3: 28				SAT
CM PARTNERS, LTD.										
Principal Place	e of Business	·	Mailing Address		<u>_</u>	SE	CRETARY OF S LAHASSEE, FL	TATE ORIDA		
			12301 PARK AVENUE WINDERMERE FL 34786			MIN			MJH	
2 Principal Pl	and of Rusiness		3. Mailing Address							
2. Principal Place of Business										_
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002				
City & State			City & State			4. FEI Number	59-3433902		Applied For Not Applicabl	le
Zip Country		itry	Zip Cou		try	5. Certificate of		68.75 Additional ee Required		
·	6. Name and Ad	dress of Current I	Registered Agent		Name	7. Name and	Address of New Regis	tered Ager	nt	+-
PANZL, JOSEPH R ESQ. 111 NORTH ORANGE AVE, SUITE 900 ORLANDO FL 32801					Jos Street Addres	oseph R. Panzl, Esq. ress (P.O. Box Number is Not Acceptable) i3 E. Morse Boulevard				
ORLANDO PL 32001					Suite 200 City Winter Park FL Zip Code 32789					
8. The above of SIGNATURE	Signeture, typed or winted n	ame of registered agest a	r the purpose of changing its Ind title if applicable. 10. Amount of Capita			tered agent, or both	i, in the State of Florida	3// DATE	Y/OA	
as Shown o	on record. A GENER		in FLORIDA to da	ate. TITY M	\$1,2 UST BE REGI		SEE REVERSE S	DEFICE.	E INFORMATION	-
12.		rai Partners MA ENERAL PARTNER	Y NOT be changed on the INFORMATION	13.	i; an amenum	ent must be filed	ADDRESS CHANG		·r.	\dashv
OCUMENT / P97000026549 AME CH-MO, INC.				STRE	ET ADDRESS	ss			CR2E003 (9/01)	
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DOCUMENT # NAME				STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					

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

CH-MO, Inc., Sole General Partner

SIGNATURE:

By:

SIGNATURE:

By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Chapter Phone 4

STAPLE CHECK HERE