



# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # A97000000695</b> 1. Entity Name <b>CM PARTNERS, LTD.</b>	
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FILED  
 03 MAR -5 PM 2:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>12301 PARK AVENUE                  WINDERMERE FL 34786</b>	Mailing Address <b>12301 PARK AVENUE                  WINDERMERE FL 34786</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-3433902</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>PANZL, JOSEPH R ESQ.                  163 E. MORSE BOULEVARD, SUITE 200                  WINTER PARK FL 32789</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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.

9. Capital Contributions as Shown on record. <b>\$1,250,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 # <b>P97000026549</b> NAME <b>CH-MO, INC.</b> STREET ADDRESS <b>12301 PARK AVENUE</b> CITY-ST-ZIP <b>WINDERMERE FL 34786</b>	STREET ADDRESS
	CITY-ST-ZIP
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
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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 J. M...* **2/22/03** 321-799-8866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2003 (10/02)