

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000405

FILED
Mar 29, 2007
Secretary of State

Entity Name: CMS PALMA SOLA ASSOCIATES, LIMITED PARTNERSHIP

Current Principal Place of Business:

C/O CMS AFFILIATED PARTNERSHIPS
111 PRESIDENTIAL BLVD., SUITE 249
BALA CYNWYD, PA 19004

New Principal Place of Business:

C/O CMS AFFILIATED PARTNERSHIPS
308 E. LANCASTER AVENUE, SUITE 300
WYNNEWOOD, P 19096

Current Mailing Address:

C/O DONNA RITTERSHAUSEN, CMS COMPANIES
1926 ARCH STREET
PHILADELPHIA, PA 19103 US

New Mailing Address:

C/O DONNA RITTERSHAUSEN, CMS COMPANIES
308 E. LANCASTER AVENUE, SUITE 300
WYNNEWOOD, PA 19096 US

FEI Number: 03-0395799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

GENERAL PARTNER INFORMATION:

Document #: B02000000087
Name: CMS PALMA SOLA PARTNERS, L.P.
Address: 111 PRESIDENTIAL BLVD., SUITE 249
City-St-Zip: BALA CYNWYD, PA 19004

ADDRESS CHANGES ONLY:

Address: 308 E. LANCASTER AVENUE, SUITE 300
City-St-Zip: WYNNEWOOD, PA 19096

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD A. MITCHELL

V

03/29/2007

Electronic Signature of Signing General Partner

_____ Date