

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# A02000000405

Entity Name: CMS PALMA SOLA ASSOCIATES, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

\_\_\_\_\_  
Electronic Signature of Signing General Partner

V

01/07/2008

\_\_\_\_\_  
Date