5	
	Ì
	Ç
	2
	۱
ċ	ŗ
١	_

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILE 2003 DEC 19 DIVISION OF CO TALLAHASS	M 8: 111	
DOCUMENT # A02000 1. Name of Limited Partnership CMS Cordova Associ	clates, Limited Partnership	TALLAHASS	EE, FLORIUM	
2. Principal Office Address 466/1/atal Partir One Bala Plaza Suite, Apt. #, etc. Suite 4/2 City & State Bala Cynwyd, PA Zip Country 19004 USA	3. Mailing Office Address Partnerships Mb Balu Plaza Suite, Apt. #, etc. Suite 4/2 City & State Bala Lymyd PA Zip Countly L 9004 USA	4. Date Formed or Registered To Do Business in Florida 5. FEI Number 03-0395793 6. CERTIFICATE OF STATUS DESIRED 7a. Capital Contributions as shown on F		
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1206 South Time Island Boad Suite, Apt. #, Etc. City Dantation State 333324		 Armount of Capital Contributions in FLORIDA to date: FEES: Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Penalty Fee(s): \$500 penalty fee for each year report form is due. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filling fee. 		
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by Children Weils (Scholar Children) and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered statutes. Special Assistant Secretary DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
10. Name(s) of General Partner(s) CMS Cordova Partners, L.P.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O CMS A66: Chatod Partmerships One Bala Plaza Suite 4/2 Bala Cynwyd, PA 19004	City, State and Zip Code 1002513 01/06/04010440		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				

1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

December 12, 2003

FILED

2003 DEC 19 AM 8: 44

DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314 Attn: Mr. Bryan

Re: Certificate of Reinstatement of CMS Cordova Associates, Limited Partnership

Dear Mr. Bryan:

Thank you for our conversation on Wednesday, December 10th relating to the Certificate of Reinstatement of CMS Cordova Associates, Limited Partnership which was initially delivered to the Department of State on November 14, 2003. Such Certificate was recently returned to my attention for failure to enclose a \$500 late fee. As I mentioned to you, it was my understanding that such late fee would be waived due to the fact that we did not receive the initial notice of revocation from the Department and were not made aware of the fact that our filing had not been received. In light of the foregoing, I am re-sending the Certificate of Revocation and check for reinstatement for CMS Cordova Associates, Limited Partnership and requesting that the Department kindly waive the late fee and reinstate CMS Cordova Associates, Limited Partnership.

Thank you for your attention to this matter and I look forward to receiving verification of reinstatement.

Very truly yours,

CMS INVESTMENT RESOURCES, INC.

Richard A. Kwait Counsel

Direct Dial: (215) 246-3053 E-Mail: rak@cmsco.com

CMS

CMS COMPANIES
1926 ARCH STREET
PHILADELPHIA, PA
19103-1484
TELEPHONE:
(215) 246-3000

FAX: (215) 246-3083 cmsco@cmsco.com

CAPITAL MANAGEMENT SYSTEMS, INC.

CMS
INVESTMENT RESOURCES, INC.
Securities offered through
CMS Investment Resources, Inc.
Member NASD

CMS FUND ADVISERS, INC.