

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000627

Entity Name: C&M PARTNERSHIP, LTD.

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

11620 LOIS CREEK DR  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

11620 LOIS CREEK DR  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 20-4983936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINCKLEY, ROBERT W  
501 RIVERSIDE AVENUE  
SUITE 800  
JACKSONVILLE, FL 32202 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 #: P06000060413  
Name: C&M GP, INC.  
Address: 11620 LOIS CREEK DR.  
City-St-Zip: JACKSONVILLE, FL 32258

**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: MAYLON D. BOATWRIGHT

GP

04/22/2009

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

\_\_\_\_\_  
Date