

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 15 PM 1:23

1. Name of Limited Partnership	1a. DOCUMENT # A14233
CFA INVESTORS, LTD.	



Mailing Address 4300 LAKESIDE DRIVE, SUITE 15 JACKSONVILLE FL 32210	Principal Office Address 1840 PARK AVENUE P.O. BOX 215 ORANGE PARK FL 32067	3. Date Formed or Registered 03/28/1983	5a. Capital Contributions as Shown on record. \$186,000.00
		3a. Date of Last Report 12/11/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address 1834 Park Avenue	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 215	6. FEI Number 59-2279482	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State Orange Park, FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country 32067-0215	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ADAMS, HELEN B. 4300 LAKESIDE DRIVE, SUITE 15 JACKSONVILLE FL 32210	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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10a. 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) HELEN B. ADAMS LIVING TRUST	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4300 LAKESIDE DRIVE,	11b. City, State & Zip Code JACKSONVILLE FL 32210	11c. Registration/ Document Number G93077900001
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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.

SIGNATURE

Helen B. Adams

DATE 12/10/98

Typed or Printed Name of General Partner Signing Form Helen B. Adams, Trustee Daytime Telephone Number 904-388-5598

CR2E003 (8/98)