FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A22134**

FILED 96 NOV -4 PM 3: 15 SECRETARY OF STATE
JALLAHASSEE, FLORIDA

CY PARTNERS, LTD.	97-ACM			
Mailing Address 4651 SHERIDAN SUITE 305 HOLLYWOOD FL 33022	Principal Office Address 4651 SHERIDAN SUITE 305 HOLLYWOOD FL 33022	3. Date Formed or Registered 02/28/1986 38. Date of Lest Report	5a. Capital Contributions as Shown on record \$1,020.00	
2. Mailing Address	2a. Principal Office Address	11/28/1995 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
		Fl.	1.050.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2645408	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. o	Fee Required State (See reverse side for fee information)	
		40		
9, Name and Address of CHODOROW, JEFFREY R.	f Current Registered Agent Name	10. If changed, new Registere	10. If changed, new Registered Agent/Office	
4651 SHERIDAN ST.	Street Add	Street Address (P.O. Box Number Is Not Acceptable)		
SUITE 305 HOLLYWOOD FL 33022	Suite, Apt	Suite, Apt. #, etc.		
TOLETTOOD TE GOOLE	City		FL Zip Code	
SIGNATURE (Registered Agent Accepting Appoint A GENERAL PARTNER T	THAT IS A CORPORATION, LIMITED MUST BE REGISTERED AND ACTI	DATE D PARTNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11c. Registration/ Document Number	
CPG 1986, INC.	4651 SHERIDAN, #345	HOLLYWOOD FL	J01405	
CHODOROW, JEFFREY R.	19355 TURNBERRY WAY	N. MIAMI BEACH FL		
YOGEL, LARRY D.	342 GRAYS LANE	HAVERFORD PA		
		-11/13	0029097 /9601109002 91.25 ****191.25	
Note: General partners MA	Y NOT be changed on this form; an an	nendment must be filed to ch	ange a general partner.	
Corporations from any liability of non-gompli	lied with this filing is voluntarily furnished and does not qualify for the accession of the state of the same legal effects as if made under the same legal effects a	pplied is deemed exempt from public access. I furti er oath. I further certify that I am a General Partner o	her certify that the information indicated on of the limited partnership, receiver or truster	
SIGNATURE		DATE	163196	
Typed or Printed Name of General Partner Signing	Form JEFFREY CHOSORSON	Daytime Telephone Number 21	15:CC\$-6900	