

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 17 AM 9:56



1. Name of Limited Partnership CFI CENTRAL, LTD.	1a. DOCUMENT # A32707
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Mailing Address 5601 WINDHOVER DR ORLANDO FL 32819	Principal Office Address 5601 WINDHOVER DR ORLANDO FL 32819	3. Date Formed or Registered 03/20/1992	5a. Capital Contributions as Shown on record. \$10,700,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 01/09/1996	5b. Amount of Capital Contributions in FLORIDA to date. \$10,700,000.00
		4. State or Country of Formation FL	6. FEI Number 59-3120000 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent CFI FINANCIAL, INC. C/O MICHAEL MARDER//GREENSPOON, MARDER FIRM 100 WEST CYPRESS CREEK ROAD, SUITE 700 FT. LAUDERDALE FL 33309	10. If changed, new Registered Agent/Office Name Michael Marder Street Address (P.O. Box Number is Not Acceptable) 100 West Cypress Creek Road Suite, Apt. #, etc. Suite 700 City FL. Lauderdale Zip Code FL 33309
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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 **12/14/96**

**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) CFI FINANCIAL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 W. CYPRESS	11b. City, State & Zip Code FT. LAUDERDALE FL	11c. Registration/Document Number V02085
000002118470--0 -03/19/97--01116--006 ****541.25 ****541.25			
New Fees			KWM

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

DATE

12/14/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number