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

DOCUMENT #

FILLO SECRETARY OF STATE CLYISION OF CORPORATIONS

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	A32927						
C.P. INVESTORS, LTD.						JI	
Adding Address Principal Office Address 7123 BROOKLYN S.E. 7123 BROOKLYN S.E. GRAND RAPIDS MI 49508 GRAND RAPIDS MI 49508		3		3. Date Formed or Registered 04/30/1992 3a. Date of Last Report 01/03/1996	5a. Capital Contributions as Shown on record \$120.00		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	5b. Amount of Capital Condributions in FLORIDA to date		
Suite, Apt. #, etc.	Suite, Apt #, etc.			6. FEI Number 65-0327 195	Applied For Not Applicable		
City & State Zip Country	City & Stale Zip Country			7. Certificate of Status Desired		\$8.75 Addit onal Fee Required	
2.5				8. Make check payable to Dopt of State (See reverse's de for fee information)			
9. Name and Address of Current NAVARETTA, STEPHEN ESQ. C/O NAVARETTA & NAVARETTA ATTYS. 1100 S.W. ST. LUCIE WEST BLVD., STE. PORT ST. LUCIE FL 34986 10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. Lam familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	AT LAW 203 d 620.192 Florida Statutes, the above no registered agent or both, in the State of is of section 620 192, Florida Statutes IS A CORPORATION T BE REGISTERED A	Suite, Apt City amed knilled partn Florida Such cha	ership organige was aut	thorized by its general partner(s). The DATE TNERSHIP OR OTHE	FL the State of For reby accept the	appointment of registered	
11. Name(s) of General Partner(s) CENTRAL PARK INVESTORS OF MI	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7123 BROOKLYN S.E.		11b. City, State & Zip Code GRAND RAPIDS MI 49508		11c. Registration/ Document Number M9600000003		
		-		5000019	9758 /98010	V.	
Note: General partners MAY NO 12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance with	this filling is voluntarily furnished and doe	s not qualify for th	e exemiption	stated in Section 119 07(3)(k). Florid	a Statules Trele	ase the Division of	

flects 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

SIGNATURE -

Typed or Printed Name of General Partner Signing Form