-ŪŃ	2003 L IFORM	IMITED PA	ARTNERS S REPOR	SHIP T (U	BR)	_	in the second	-4(-4/10
DOCUMENT # A9300000578 1. Entity Name CA MOTORS, LTD.			00578			SECRETARY OF STATE OIVISION OF CORPORATIONS OF		
Principal Place of Business Mailing Address 7600 BLANDING BLVD. P.O. BOX 440999 JACKSONVILLE FL 32244 JACKSONVILLE FL 32222-099)999			US AIN 4	
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number	59-3185456	Applied For Not Applicable
Zip	Co	untry	Zip	Country	у	5. Certificate of	f Status Desired	\$8.75 Additional Fee Required
	6. Name and	Address of Current Regis	tered Agent		7. Name and Address of New Registered Agent			
μδΝΔΝΙΔ	JACK V			1	Name			
HANANIA, JACK Y 7600 BLANDING BLVD.				.	Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32244					· -		·	<u> </u>
				-	City FL Zip Code			
	named entity subr		ourpose of changing its	registered	office or registe	red agent, or both	, in the State of Florida.	I am familiar with, and accept
SIGNATURE -			·			· ·····		·
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to date.								ABLE TO FL. DEPT. OF STATE E FOR FEE INFORMATION
40 0.101111	A GENE	RAL PARTNER THAT	IS A BUSINESS EN	TITY MU			TIVE WITH THIS OF	FICE.
12.		GENERAL PARTNER INFO		13.	4.7.4.7.6.7.4.7.7.6.7.4.7.7.6.7.7.7.7.7.		ADDRESS CHANGES	<u> </u>
DOCUMENT # NAME	P9800045088 HANANIA IMPORTS, INC. TREET ADDRESS 7600 BLANDING BLVD.			STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-\$	T-ZIP			
DOCUMENT / NAME				STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP				City-S	T-ZIP			
DOCUMENT # NAME				STREET	ADDRESS =	300015294833		
STREET ADDRESS CITY-ST-ZIP	SS			CITY-S	T-ZIP	04/04/0301003002 **141.25		
DOCUMENT # NAME				STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-S	T-ZIP			
DOCUMENT # NAME				STREET	ADDRESS			
STREET ADORESS CITY-ST-ZIP				CITY-S	T-ZIP			
DOCUMENT #	: 			A-1105-1	1000500			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: 🔀

CAECN HERE

NAME STREET ADDRESS

CITY-ST-ZIP