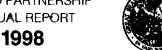
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

FILED 97 OCT -6 AMII: 42

1. Name of Limited Partnership

DOCUMENT # A93000000581

LUMETARY JELAHASSE	OF STAT E. FLORII	i. D <b>A</b>	

CH	MOTORS,	LTD.

Mailing Address

Zip

P.O. BOX 16469

JACKSONVILLE FL 32245

Principal Office Address

3, Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.
06/02/1993	<b>A7</b> 000 00
39 Date of Lant Baner	<b>− \$7,000.00</b>

4306 PABLO OAKS COURT 06/02/19 3a. Date of Last Report JACKSONVILLE FL 32224

11/13/1996 4. State or Country of Formation

5b.	Amount of Capital Contributions in FLORIDA to date:
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Mailing Address	2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	Cily & State	

6. FEI Number 59-3185442

Applied For	
Not Applicable	

7. Certificate of Status Desired

			Fee Required
8.	Make check payable to: Dept. of Stat	e (See rev	erse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
OGGIN, LUTHER W 06 PABLO OAKS COURT	Name Streel Address (P.O. Box Number Is Not Acceptable)		
CKSONVILLE FL 32224	Suite, Apt. #, etc.  City Zip Code		

Country

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registored 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 accopt the obligations of section 620, 192, Florida Statutes

SfGNATURE (Registered Agent Accepting Appointment) .

Country

## 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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CF MOTOR CORP.	4306 PABLO OAKS COURT	JACKSONVILLE FL 32224	P93000038369
		7000021 -10/07	14397-0 297-01092-002 56.25 ****156.25
,		****15	36.25 **** 156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling 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 offects as if made under path. 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 -

Weena & Backaghin Sec. DATE 9.24.97

Typed or Printed Name of General Partner Signing Form WI/Ma S. Galley har Daytime Telephone Number 904-942-4110