FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 21 AMII: 03

1. Name of Limited Partnership		1a. DOCUMENT # A9300000581			
CH MOTORS, LTD.					
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record
P.O. BOX 16469 JACKSONVILLE FL 32245	4306 PABLO OAKS COURT Jacksonville FL 32224			06/02/1993 3a. Date of Last Report 10/06/1997	\$7,000.00 5b. Amount of Capital Contributions InFLORIDA
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State	City & State		59-3185442 7. Certificate of Status Desired	Not Applicable
Zip Country	Zip	Zip Country			\$8.75 Additional Fee Required State (See reverse side for fee Information)
Q Name and Address of C	urrant Davidson A and			40 "	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name			
COGGIN, LUTHER W 4306 PABLO OAKS COURT		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
JACKSONVILLE FL 32224		City		EI Zip Coldy A	
signature (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	nt)	LIMITED	PART	DATE_	
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c. Registration/ Document Number
CF MOTOR CORP.	4306 PABLO OAKS CO	4306 PABLO OAKS COURT		KSONVILLE FL 32224	P93000038369
				2000026 -09/22/9 ****15	464923 801079020 0.00 ****150.00
Note: General partners MAY N	OT be changed on this for	m: an am	endmer	nt must be filed to cha	nge a general partner
 I do hereby certify that the Information supplied of Corporations from any liability of non-compliance this annual report is true and accurate and that nempowered to execute this report as required by 	with this filing is voluntarily furnished and does not swith Section 119.07(3)(k) in the event that the li- my signature shall have the same legal effects as chapter 620, Florida Statutes.	ot qualify for the nformation supp if made under o	exemption st lied is deeme path. I further	ated in Section 119.07(3)(k), Florida St d exempt from public access. I further certify that I am a General Partner of th	atutes. I release the Division of
SIGNATURE MAA L	Maslettl Secreta	My C)	- Mot	of COSP DATE	
Typed or Printed Name of General Partner Signing Form		pate		Dardina Talanhara Number 91	14.992.4110