

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV 13 AM 11:49



1. Name of Limited Partnership <b>CO MOTORS, LTD.</b>		1a. DOCUMENT # <b>A93000000584</b> <i>97-AR CM</i>	
2. Mailing Address <b>7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL 32256</b>		3. Date Formed or Registered <b>06/02/1993</b>	
Principal Office Address <b>7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL 32256</b>		5a. Capital Contributions as Shown on record. <b>\$7,000.00</b>	
3a. Date of Last Report <b>09/29/1995</b>		5b. Amount of Capital Contributions in FL CRIDA to date:	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>59-3185445</b> <input type="checkbox"/> Applied For <input 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 <b>COGGIN, LUTHER W 7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL 32256</b> <i>Effective 11-1-96</i>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <b>4306 Pablo Oaks Court</b> Suite, Apt. #, etc. City <b>Jacksonville FL 32224</b>	
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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

**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) <b>CO MOTOR CORP. CF Motor Corp</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>7400 BAYMEADOWS WAY, 4306 Pablo Oaks Court Effective 11-1-96</b>	11b. City, State & Zip Code <b>JACKSONVILLE FL 32256-32240</b>	11c. Registration/Document Number <b>P93000038371 P93000038369</b>
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**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

*Wilma Gallagher, Secretary of Corp.*  
*Wilma S. Gallagher*

DATE

**9-18-96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

**904-730-2464**