


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	
1. Name of Limited Partnership  CQM, LTD.		1a. DOCUMENT # A93000001115	
Mailing Address  1475 W. CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE FL 33309		Principal Office Address  1475 W. CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE FL 33309	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Formed or Registered 10/27/1993		5a. Capital Contributions as Shown on record. \$44,090.00	
3a. Date of Last Report 12/29/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0444098 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/>		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent  THIRER, MARTIN P.A. 1475 W. CYPRESS CREEK ROAD, SUITE 204 FORT LAUDERDALE FL 33309		10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code	
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)  SMG MANAGEMENT COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  1475 WEST CYPRESS CRE	11b. City, State & Zip Code  FORT LAUDERDALE FL 33	11c. Registration/ Document Number  K61558
100002689641 --4 -11/17/98--01063--012 ****397.38 ****397.38			
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 _____ DATE 11-6-98			
Typed or Printed Name of General Partner Signing Form Stephen M. Golding, President Daytime Telephone Number 954-772-7878			
SMG MANAGEMENT COMPANY, GENERAL PARTNER			

FILED  
98 NOV 10 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CR2E003 (8/98)