

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

97 MAR 17 AM 9:56

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001302

CFI FUNDING III, LTD.

Mailing Address
5601 WINDHOVER DR.
ORLANDO FL 32819

Principal Office Address
5601 WINDHOVER DR.
ORLANDO FL 32819

3. Date Formed or Registered
12/07/1993

5a. Capital Contributions as
Shown on record.
\$43,000,000.00

3a. Date of Last Report
05/02/1996

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date
\$43,000,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FFL Number
59-3233773

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

CFI GENERAL FUNDING III, INC.
C/O MICHAEL MARDER
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT. LAUDERDALE FL 33309

10. If changed, new Registered Agent/Office
Name: Michael Marder
Street Address (P.O. Box Number Is Not Applicable): 100 West Cypress Creek Rd.
Suite, Apt. #, etc.: Suite 700
City: Ft. Lauderdale FL Zip Code: 33309

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

12/18/96

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

CFI GENERAL FUNDING III, INC

C/O 100 WEST CYPRESS

FT. LAUDERDALE FL 333

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-03/19/97--01116--004
*****541.25 *****541.25

New Fees

KWM

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 the report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/16/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number