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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A94000000472**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -2 PM 2: 20



DATE .

Daylime Telephone Number (305) (603 · 3)59

CM ASSOCIATES I, LTD. Applied For Formed or Registered Sa. Castal Contributions as Snown on record Sa. Castal Contributions Sa. Castal Ca							
Stock of control of the control of t	CM ASSOCIATES I, LTD.				. C	1870) 4010) BION 1994 1994 1994 1994	
SORAL GABLES FL 33146 CORAL GABLES FL 33146	Mailing Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.		
2. Meiling Address 28. Principal Office Address FL 3, 202, 071, 52 Sulfe, Apl. #, etc. 6. Ft Number 65-0479000 7. Centricate of Status Desired 7. Centricate of Status Desired 9. Name and Address of Current Registered Agent 10. If changed, new Popilatorial Application FC OWNETE & CASE 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131 10. Pursuant to the provisions of sections 670 (501 and 670 150. Fisiods Statutes. Bite allow-insined immedia partnership organized or registered under the leves of this State of Fordia, submits this statem for the purpose of changing is negistered define or ring served agent in mental with with accept the designation of section 670 (1501, in the Statutes Statutes) SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of Oriental Terricol(s) 11. Name(s) of Oriental Terricol(s) 11. Name(s) of Oriental Terricol(s) 11. San Ignation of San Ignation Avenue. 11. San Ignation of San Ignation of San Ignation Appointment of Tengister agent is mental terricol (s) 110. Description Number 11. Name(s) of Oriental Terricol(s) 11. Name(s) of Oriental Terricol(s) 11. San Ignation of Corporation Number 11. Name(s) of Oriental Terricol(s) 11. San Ignation of Corporation Number 11. San				38. Date of Last Report			
28. Principal Office Address Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. City & State City & State City & State Country 7p Country 7p Country 7p Country 8. Make check payable to: Dept. of State (See reverse add for tee Information of State Seered See Required Registered Agent To. # changed: now Registered Agent/Office KAYAL, RAYMOND J JR. CIO WHITE & CASE 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131 City FL 7p Code Street Address (** City Box Number is Not Acceptable) Suite, Apt. #, etc. City & FL 7p Code Suite, Apt. #, etc. City & FL 7p Code Suite, Apt. #, etc. City & FL 7p Code Suite, Apt. #, etc. City The Application of State See reverse add for tee Information or Registered Agent Office Address (** City Box Number is Not Acceptable) Suite, Apt. #, etc. City The Application of State City 19; Florida States Suite Apt. #, etc. City The Application of State City 19; Florida States Suite Apt. #, etc. City The Application of State City 19; Florida State Suite Application or registered agent, or hold, in the State of Florida, Such change was authorized by the general partner(s). I hereby accept the appointment of register agent, i am familiar with, and accept the obligations of section 50: 199; Florida States SIGNATURE (Registered Agent Accepting Appointment) 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) 12. Carp. State See See See See Se				<u> </u>	Contr	ibutions in FLORIDA te	
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KAYAL, RAYMOND J JR. C/O WHITE & CASE 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131 To. Pursuant to the provisions of sections 6/20 1051 and 6/20 1052, Florida Statutes. The above named limited partnership organized or registered under the laws of the State of Florida, submits this statems for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 6/20 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). 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 Partnor(s) 11a. (In INO) Use Post Office flor Numbers) BOYETT CAPITAL MANAGEMENT, I 1553 SAN IGNACIO AVEN CORAL GABLES FL 33146 P94000015448 CORAL GABLES FL 33146 P94000015448	9. Name and Address of Currel	nt Registered Agent	T	10. If changed, new Registere	ed Agent/Office		
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12. 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 Tralease the Division of Corporations from any hability 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	12. I do hereby certify that the information supplied with	this filing is voluntarily furnished and does no	ot qualify for the ex	xemption stated in Section 119.07(3)(k), Florida	Statutos Trele	ase the Division of	