

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002086

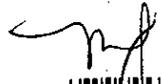
1. Entity Name
CWMV, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business
**3801 BEE RIDGE ROAD
SUITE 12
SARASOTA FL 34233**

Mailing Address
**3801 BEE RIDGE ROAD
SUITE 12
SARASOTA FL 34233-1157**




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0638673**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NEWBY, MARTIN
3801 BEE RIDGE ROAD
SUITE 12
SARASOTA FL 34233**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,180,671.00**

10. Amount of Capital Contributions in FLORIDA to date.

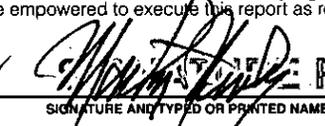
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	479323 MARTIN NEWBY REALTY, INC. 3801 BEE RIDGE ROAD, STE. 12 SARASOTA FL 34233
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	400003238504--5 -05/03/00-01146-003 ****526.25 ****526.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/00
Date

Daytime Phone # _____

CR2E003 (9/99)