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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9600000852**

FILED 97 OCT -6 AHII: 41

SECRETARY OF STATE
IMPLAHASSEE, FLORIDA



DATE 9.24.91

Daylimo Telephone Number 904-992-4118

CA FUNDING 2 LTD.	ax.Ar	1	
Mailing Address P.O. BOX 16469 JACKSONVILLE FL 32245	Principal Office Address 4306 PABLO OAKS COURT JACKSONVILLE FL 32224	3. Date Formed or Registered 05/06/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
2. Mailing Address	2a. Principal Office Address	11/13/1996 4. State or Country of Formation FL	5b. Amount of Capital Contributions in Ft ORIDA to date
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	6. FEI Number 59-3367911 7. Certificate of Status Desired	Applied For Not Applicable
Zip Country	Żip Country	Certificate of Status Desired S8.75 Additional Fee Required Nake check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) -	Suite. City and 620 192. Florida Statutes, the above-named limited in registered agent, or both, in the State of Florida. Such as of section 620 192, Florida Statules.	change was authorized by its general partner(s). I her DATE ED PARTNERSHIP OR OTHE	eby accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NO) Use Post Office Box Number	(s) 11b. City, State & Zip Code	11c. Registration/ Document Number
CA FUNDING, INC.	4306 PABLO OAKS COURT	JACKSONVILLE FL 32224 20002 -10/0 ****	P96000017875 2314392
Note: General partners MAY NO	The changed on this form: an		

12, I do hereby certify that the information supplied with this filling is voluntarily furnished and doos not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

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

SIGNATURE Welma & Sallagher Sec.

Typed or Printed Name of General Partner Signing Form Wilma S. Gallagher

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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee