

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -9 AM 9:20

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**1a. DOCUMENT #
A96000001191**



COLOR ME MINE JD/CAC/KKR, LTD.

Mailing Address 10800 BISCAYNE BLVD., PENTHOUSE MIAMI FL 33161		Principal Office Address 10800 BISCAYNE BLVD., PENTHOUSE MIAMI FL 33161		3. Date Formed or Registered 06/25/1996	5a. Capital Contributions as Shown on record. \$10,000.00
				3a. Date of Last Report	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 10,000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0696759	
City & State		City & State		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		8. Make 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	
RYAN, NANCY 10800 BISCAYNE BLVD., PENTHOUSE MIAMI FL 33161		Name 100002142621--7	
		Street Address (P.O. Box Number is Not Accepted) 04/14/97-01152-010 ***1216.25 ****173.75	
		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
COLOR ME MINE CAC/KKR, L.C.	10800 BISCAYNE BLVD.,	MIAMI FL 33161	L96000000689

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 *Color Me Mine JD/CAC/KKR, Ltd. by Color Me Mine CAC/KKR, L.C., General Partner by color me mine, Inc. Managing member* DATE **2/28/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Alex Gira, CFO