


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 COLOR ME MINE JD/CAC/KKR, LTD.		1a. DOCUMENT # A96000001191	
Mailing Address 10800 BISCAYNE BLVD., PENTHOUSE OK MIAMI FL 33161		Principal Office Address 10800 BISCAYNE BLVD., PENTHOUSE OK MIAMI FL 33161	
2. Mailing Address Suite, Apt. #, etc. 10800 City & State MIAMI FL Zip Country		2a. Principal Office Address Suite, Apt. #, etc. 10800 City & State MIAMI FL Zip Country	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 MAR 16 AM 10:14



3. Date Formed or Registered 06/25/1996	5a. Capital Contributions as Shown on record \$10,000.00
3a. Date of Last Report 04/09/1997	5b. Amount of Capital Contributions in FLORIDA to date 10,000-
4. State or Country of Formation FL	
6. FEI Number 65-0698759	
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 RYAN, NANCY 10800 BISCAYNE BLVD., PENTHOUSE MIAMI FL 33161		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 200002461522-9 City -03/19/98--01008--013 ***173.75 ***173.75 FL	
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) COLOR ME MINE CAC/KKR, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10800 BISCAYNE BLVD.,	11b. City, State & Zip Code MIAMI FL 33161	11c. Registration/Document Number L98000000689 OK 3-17

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., Manager DATE 10-21-97
Memo by Alex J. CFO

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)