

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 16 AM 10:14

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001192**

**COLOR ME MINE FLORIDA 102J, LTD.**



Mailing Address

10800 BISCAYNE BLVD., PENTHOUSE OK  
MIAMI FL 33161

Principal Office Address

10800 BISCAYNE BLVD., PENTHOUSE OK  
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

04/09/1997

5b. Amount of Capital Contributions in FLORIDA to date

10,000

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0698758

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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 if not applicable)

500002461525-9

Suite, Apt. #, etc.

\*\*\*\*173.75 \*\*\*\*173.75

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)

CMM FLORIDA 102J, 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

L96000000690

**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 FLORIDA 102J, LTD. by CMM Florida 102J, L.C., General Partner by COLOR ME MINE, Inc., Managing Partner  
By ALICE CFO

DATE 10-21-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)