

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. Martham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A96000002126	

COLOR ME MINE FLORIDA 108J, LTD.

Mailing Address 10800 BISCAYNE BOULEVARD - REATHOUSE OK MIAMI FL 33161	Principal Office Address 10800 BISCAYNE BOULEVARD - RENTHOUSE MIAMI FL 33161	3. Date Formed or Registered 11/15/1996	5a. Capital Contributions as Shown on record \$10,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 04/09/1997	5b. Amount of Capital Contributions in FLORIDA to date: —
Suite, Apt. #, etc. <i>870</i>	Suite, Apt. #, etc. <i>870</i>	6. FEI Number 65-0726511	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State <i>MIAMI</i>	City & State <i>MIAMI</i>	7. Certificate of Status Desired \$8.75 Additional Fee Required	<input type="checkbox"/>
Zip 33161	Country —	8. Make check payable to: Dept. of State (See reverse side for fee information)	FL

9. Name and Address of Current Registered Agent RYAN, NANCY 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 600002461516-7 03/19/98-01008-010 ****173.75 FL ****173.75
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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 108J, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10800 BISCAYNE BOULEV	11b. City, State & Zip Code MIAMI FL 33161	11c. Registration/ Document Number L96000001212
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CR2E003 (6/97)

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.

*Color Me Mine Florida 108J, LTD - by CMM Florida 108J,
SIGNATURE L.C., General Partner by CMM Me Mine, Inc., Managing
Member B. Cleupas*

10-21-97