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

LÍMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 31 PM 1: 40

1. Name of Limited Partnership	1a. DOCUMENT # A97000000695		9/1/2031 111 1	
CM PARTNERS, LTD.				
Mailing Address 12301 Park Avenue	Principal Office Address Same	;	3. Date Formed or Registered 03/25/97	58. Capital Contributions as Shown on record.
Windermere, FL 34786			3a. Date of Last Report	_ \$1,238,205.70
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation Florida	5b. Amount of Capital Contributions in FLORIDA to date: \$1,238,205.70
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59-343-3902	Applied For Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to Dept. of	\$8.75 Additional Fee Required (See reverse side for fee information)
9. Name and Address	of Current Registered Agent	Name	10. If changed, new Registers	ed Agent/Office
		740-170		

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office			
KP&L Services, Inc.	Name			
390 N. Orange Avenue	Street Address (P.O. Box Number Is Not Acceptable)			
Suite 600 Orlando, FL 32801	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 Pariner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CH-MO, Inc.	12301 Park Avenue	Windermere, FL 34786	P97000026549
		-01/06/9	906550 801034001 75 ******8.75
		50000239 -01/06/98 ****\$41.	BO6550 01034002 25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished angle	goes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of
	at 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 eff	ects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or truster
empoy's d to execute this report as required by chapter 620, Florida Statutes.	
$\sim 0.0P_{\odot}$	120/07
	Corporations from any liability of non-compliance with Section 119 07(3)(k) in the even the this annual report is true and accurate and that my signature shall have the same legal elli

SIGNATURE DATE 1800 By: Joseph R. Panzl, Vice President Designed Telephone Number 407-481-5800

CHZEU003 (8/87.)