

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B02000000087

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** CMS PALMA SOLA PARTNERS, L.P.

**Current Principal Place of Business:**

C/O CMS AFFILIATED PARTNERSHIPS  
308 E. LANCASTER AVENUE, SUITE 300  
WYNNEWOOD, PA 19096

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DONNA RITTERSHAUSEN, CMS COMPANIES  
308 E. LANCASTER AVENUE, SUITE 300  
WYNNEWOOD, PA 19096 US

**New Mailing Address:**

**FEI Number:** 01-0655513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F02000001401  
Name: CMS PALMA SOLA CORP.  
Address: 308 E. LANCASTER AVENUE, SUITE 300  
City-St-Zip: WYNNEWOOD, PA 19096

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RICHARD MITCHELL

V

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date