

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 10 AM 8:40

mtm  
12/14

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  <b>CP MIAMI RETAIL MANAGERS, L.P.</b>		1a. DOCUMENT # <b>B98000000043</b>	



Mailing Address 10777 WESTHEIMER, SUITE 1000 HOUSTON TX 77042		Principal Office Address C/O THE CORPORATE TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801		3. Date Formed or Registered 01/20/1998		5a. Capital Contributions as Shown on record. \$18,750.00	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
				4. State or Country of Formation DE			
				6. FEI Number 76-0559136		<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  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CP MIAMI RETAIL OPERATING CO	10777 WESTHEIMER, SUI	HOUSTON TX 77042	F97000005729
OMNI RETAIL GP, INC.	3250 MARY STREET, SUI	MIAMI FL 33133	P97000081193

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\*\*\*\*220.00 \*\*\*\*220.00

**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 provided by chapter 620, Florida Statutes.

SIGNATURE KARIM ALIBHAI DATE 11/24/98  
 Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number 713 952-7800

CR2E003 (8/98)