

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

FILED

97 APR 18 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

|   |   |
|---|---|
| 1. Name of Limited Partnership<br><br>CCM DIVERSIFIED, LTD. | 1a. DOCUMENT #<br><b>A96000002285</b><br><i>an-Arcus</i><br><i>CM</i> |
|---|---|



|   |   |   |  |
|---|---|---|--|
| Mailing Address<br>P.O. BOX 547549<br>ORLANDO FL 32854-7549 | Principal Office Address<br>1338 SW IVANHOE BLVD.<br>ORLANDO FL 32804 | 3. Date Formed or Registered<br>12/11/1996  | 5a. Capital Contributions as Shown on record.<br>\$3,000,000.00  |
| 2. Mailing Address  | 2a. Principal Office Address  | 3a. Date of Last Report   | 5b. Amount of Capital Contributions in FLORIDA to date.  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   | 4. State or Country of Formation<br>FL  | 6. FEI Number<br>59-3410799 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City & State  | City & State  | 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 8. Make check payable to: Dept. of State (See reverse side for fee information)                          |
| Zip Country   | Zip Country   |   |  |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>WILKINS, ROBERT C JR.<br>DITTMER, WOHLUST & WILLIAMS, P.A.<br>230 LOOKOUT PLACE<br>MAITLAND FL 32751   | 10. If changed, new Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>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)<br>CCM MANGEMENT, INC.          | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)<br>1338 SW IVANHOE BLVD. | 11b. City, State & Zip Code<br>ORLANDO FL 32804 | 11c. Registration/Document Number<br>P96000100198 |
| 000002149640--1<br>-04/21/97--01157--005<br>****550.00 ****550.00 |  |   |   |

CR2E003 (1/96)

**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 *[Signature]* DATE 3/14/97

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_