

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 25 PM 4:10



1. Name of Limited Partnership	1a. DOCUMENT # A96000002285
CCM DIVERSIFIED, LTD.	

Mailing Address P.O. BOX 547549 ORLANDO FL 32854-7549	Principal Office Address 1338 SW IVANHOE BLVD. ORLANDO FL 32804
2. Mailing Address <i>2% Christopher Mason</i> Suite, Apt. #, etc.	2a. Principal Office Address <i>2% Christopher Mason</i> Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/11/1996	5a. Capital Contributions as Shown on record. \$3,000,000.00
3a. Date of Last Report 04/18/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 59-3410799 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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)

9. Name and Address of Current Registered Agent

WILKINS, ROBERT C JR.
DITTMER, WOHLUST & WILLIAMS, P.A.
230 LOOKOUT PLACE
MAITLAND FL 32751

10. If changed, now Registered Agent/Office

Name
Street Address (P.O. Box Number, Not Applicable)
Suite, Apt. #, etc.
City

4000002367534
-12/09/97-01108-011
****550.00 ****550.00
FL Zip Code

10a. Pursuant to the provisions of sections 620.105(1) 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) CCM MANGEMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1338 SW IVANHOE BLVD.	11b. City, State & Zip Code ORLANDO FL 32804	11c. Registration/Document Number P96000100196 <i>OK 12/3</i>
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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 *D. Christopher Mason* DATE *11/21/97*
Typed or Printed Name of General Partner Signing Form *D. Christopher Mason* Daytime Telephone Number *407-423-2550*

CR2E003 (6/97)