

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 DEC 31 PM 12:25

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002133

CCD GRIFFIN, LTD.

001/13

Mailing Address

Principal Office Address

**11015 N. DALE MABRY HWY.
TAMPA FL 33618**

**↓
SAME AS
MAILING**

3. Date Formed or Registered

10/1/97

5a. Capital Contributions as Shown on record.

200,500.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date.

200,500.00

4. State or Country of Formation

FLORIDA

2. Mailing Address

11015 N. DALE MABRY HWY.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33618

Country

USA

2a. Principal Office Address

11015 N. DALE MABRY HWY.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33618

Country

USA

6. FEI Number

59-3474965

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

**THOMAS J. MURPHY
11015 N. DALE MABRY HWY.
TAMPA, FL 33618**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

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)

Concorde Griffin, Inc

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11015 N. DALE MABRY HWY

11b. City, State & Zip Code

Tampa FL 33618

11c. Registration/Document Number

P97 000084902

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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 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

Typed or Printed Name of General Partner Signing Form

Thomas A. Murphy
President Concorde Griffin, Inc

DATE

12/30/97

Daytime Telephone Number

813 269-0899

CR25003 (6/97)