

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS  
99 JAN 22 AM 11:16

1. Name of Limited Partnership <b>CCD NORTH PALMS, LTD.</b>		1a. DOCUMENT # <b>A98000000376</b>	
Mailing Address <b>11015 NORTH DALE MABRY TAMPA FL 33618</b>	Principal Office Address <b>11015 NORTH DALE MABRY TAMPA FL 33618</b>		
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		

3. Date Formed or Registered <b>02/10/1998</b>	5a. Capital Contributions as Shown on record <b>\$401,000.00</b>
3a. Date of Last Report	5b. Amount of Capital Contributions to FLOPDIA to date <b>\$201,000.00</b>
4. State or Country of Formation <b>FL</b>	6. FEI Number <b>59-3501081</b>
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to Dept. of State (See reverse side for fee information) <b>\$8.75 Additional Fee Required</b>

9. Name and Address of Current Registered Agent <b>MURPHY, THOMAS J 11015 NORTH DALE MABRY TAMPA FL 33618</b>	10. If changed, new Registered Agent Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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) <b>CONCORDE NORTH PALMS, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>11015 NORTH DALE MABRY</b>	11b. City, State & Zip Code <b>TAMPA FL 33618</b>	11c. Registration Document Number <b>P98000012501</b>
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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)-(4) 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 *Thomas J. Murphy* DATE **12-19-98**  
Typed or Printed Name of General Partner/Signing Form **Thomas J. Murphy** Daytime Telephone Number **813 219 0879 (101)**

CR2E003 (8/98)