

**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

99 JAN 11 PM 12:38

1. Name of Limited Partnership <i>CCAB</i>		1a. DOCUMENT # <i>123456789</i>	
2. Mailing Address <i>1110 Paces</i>		2a. Principal Office Address <i>1110 Paces</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Form is Being Filed *1/11/99*

3a. Date of Last Report *1/1/99*

4. State or Country of Formation *FL*

5a. Capital Contributions or Show of Interest

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number Applied For Not Applicable

7. Certificate of Status Desired \$8.75 Additional Fee Required

8. Must check payable to the Dept. of State for certificate substitution fee

9. Name and Address of Current Registered Agent <i>Accountant</i>		10. If changed, new Registered Agent/Office	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City		City	
Zip Code		Zip Code FL	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership (partnership) 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. Registrar's Document Number
<i>CCAB</i>	<i>1110 Paces</i>	<i>FL</i>	<i>4000002762184--2</i>
			<i>-02/02/99--01073--006</i>
			<i>***535.00 ***535.00</i>

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)(b), Florida Statutes. I reserve the Division of Corporations from any liability or 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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE *12/15/98*

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

CPRE003 (9/98)