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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

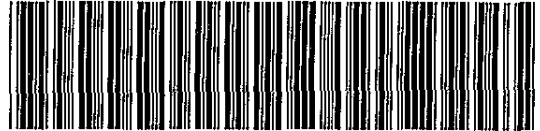
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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A03-1729  
AL

*CCW Investors, LP*

4644 Keysville Ave.  
Spring Hill, FL 34608  
(352) 650-2250

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Dear Sirs:

Please find enclosed:

- Statement of Qualifications for Florida Limited Liability Limited Partnership
- Affidavit of Capital Contributions for Florida Limited Partnership
- Certificate of Limited Partnership
- Check for \$186.35
  - \$25.00 filing fee
  - \$152.50 additional filing fee based on Capital Contributions
  - \$8.75 for Certificate of Status

The contact person for this partnership is:

David M. McGrew, MD  
4644 Keysville Ave.  
Spring Hill, FL 34608

Home (352) 683-6847; Work/Fax (352) 666-4216; Cell (352) 650-2250  
david@hospicedoctor.net

Sincerely,



David M. McGrew, MD  
General Partner

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 14, 2003

DAVID MCGREW  
4644 KEYSVILLE AVENUE  
SPRING HILL, FL 34608

SUBJECT: CCW INVESTORS, LP  
Ref. Number: W03000033888

We have received your document for CCW INVESTORS, LP and check(s) totaling \$186.35 of which \$186.25 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$26.35 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

The registered agent must sign accepting the designation.

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum  
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	
(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	

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\$7 per \$1000 on increase only  
(\$52.50 minimum-\$1750 maximum)

Certificate of Status or Fact

\$8.75

Cancellation

\$52.50

Resignation of Registered Agent

\$87.50

LP Annual Report/Uniform Business Report

\$7 per \$1000 of invested capital

(\$52.50 minimum - \$437.50 maximum)

plus Supplemental Fee of \$138.75

Reinstatement

(\$500 for each year or part thereof the  
partnership was revoked plus the delinquent  
annual report/uniform business report fees)

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 903A00062021

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP**

1. CCW Investors, ~~LLP~~ Limited Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4644 KERVILLE AV, SPRING HILL, FL 34608  
(Business address of Limited Partnership)
3. DAVID M. MCGREW - General Partner  
(Name of Registered Agent for Service of Process)
4. SAME  
(Florida street address for Registered Agent)
5. [Signature]  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. Same  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: N/A Annually  
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: Renews

<u>DAVID M. MCGREW</u>	<u>4644 KERVILLE AV</u>
<u>JAMES RANDALL JACKSON</u>	<u>Spring Hill, FL 34608</u>

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 29<sup>th</sup> day of October, 2003

Signature of all general partners:

[Signature]  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

[Signature]  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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TALLAHASSEE, FLORIDA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of CCW Investors, LP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 21,800

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 21,800

Signed this 29<sup>th</sup> day of October, 2003

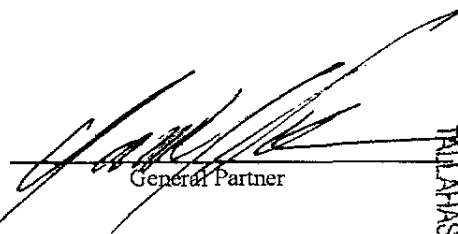
FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.*

  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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