

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC -4 AM 9:18

1. Name of Limited Partnership

1a. DOCUMENT #  
A32358

CONCAP VILLAGE GREEN ASSOCIATES, LTD.



Mailing Address

Principal Office Address

P.O. BOX 1089  
GREENVILLE SC 29602

ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC 29602

3. Date Formed or Registered

12/16/1991

5a. Capital Contributions as  
Shown on record.

\$99.00

3a. Date of Last Report

09/25/1997

4. State or Country of Formation

TX

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

6. FEI Number

75-2360145

☐ 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
Suite, Apt. #, etc.  
SUITE 105  
City  
TALLAHASSEE FL Zip Code  
32301

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)

By: *Shirley R. Hickman, Asst. Secy.*

DATE 11-25-98

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. Registration/  
Document Number

CONCAP CCP/III PROP., INC

ONE INSIGNIA FINANCIA

GREENVILLE SC 29601

F95000006242

800002722428--8

-12/24/98--01091--001

\*\*\*\*141.25 \*\*\*\*141.25

*mk*  
*12/4/98*

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.

VILLAGE GREEN ASSOCIATES, LTD. CCP/III VILLAGE GREEN SP, INC. GP FOR CONCAP

SIGNATURE By: *Charles E. Goldschmidt*

DATE 11/25/98

Typed or Printed Name of General Partner Signing Form

CHARLES E. GOLDSCHMIDT

Daytime Telephone Number

(202) 216-2933

CR2E003 (8/95)