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 NOV 13 AM 10:13

1. Name of Limited Partnership

CCN - ONE, LTD.

1a. DOCUMENT # A93000000477

Mailing Address
POST OFFICE BOX 21490
FT. LAUDERDALE FL 33335-1490

Principal Office Address
3301 SOUTH ANDREWS AVE.
FT. LAUDERDALE FL 33316

3. Date Formed or Registered
04/28/1993

3a. Date of Last Report
12/11/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$55,000.00

5b. Amount of Capital Contributions in FLORIDA to date:
29,000.00

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

6. FEI Number
65-0411332
☐ 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

NESSUNO, CIRO
3301 SOUTH ANDREWS AVE.
FT. LAUDERDALE FL 33316

10. If changed, now Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

11/18/97--01008--015
****315.50 ****315.50

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
NESSUNO, CIRO	3301 S. ANDREWS AVE.	FT. LAUDERDALE FL 333	
NESSUNO, CHRISTINE	3301 S. ANDREWS AVE.	FT. LAUDERDALE FL 333	

11-13

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.

SIGNATURE Ciro Nessuno DATE 11/7/97

Typed or Printed Name of General Partner Signing Form Ciro Nessuno

Daytime Telephone Number 954/463-6800

CR2E003 (6/97)