

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000001329**

1. Entity Name  
**CC STORES LIMITED PARTNERSHIP**



Principal Place of Business  
**2295 CORPORATE BLVD., N.W., SUITE 222**  
**BOCA RATON, FL 33431**

Mailing Address  
**2295 CORPORATED BLVD., N.W.**  
**SUITE 222**  
**BOCA RATON, FL 33431**



02132008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**58-1762369**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**HERRICK, NORTON**  
**2295 CORPORATE BLVD., N.W., SUITE 222**  
**BOCA RATON, FL 33431-0810**

**DO NOT WRITE**  
**IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

000000857966  
04/01/08-80025-016 508.75

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **P93000084135**  
NAME **G-P CC STORES, INC.**  
STREET ADDRESS **2295 CORPORATE BLVD., N.W., SUITE 222**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE