

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**97 JAN 21 PM 1:37** \*1/24



**1.** Name of Limited Partnership  
**CCA HOLDINGS, LTD.**

**1a. DOCUMENT #**  
**A94000001007**

<b>Mailing Address</b> 330 CLEMATIS STREET, SUITE 211 WEST PALM BEACH FL 33401		<b>Principal Office Address</b> 330 CLEMATIS STREET, SUITE 211 WEST PALM BEACH FL 33401		<b>3. Date Formed or Registered</b> 07/25/1994	<b>5a. Capital Contributions as Shown on record</b>  \$6,920,460.00
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3a. Date of Last Report</b> 12/18/1995	
				<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
				<b>6. FEI Number</b> <del>APPLIED FOR</del> 59-3331219	
				<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  WOLFE, LEON J ESQ. C/O BERMAN WOLFE & RENNERT, P.A. 100 SOUTHEAST SECOND STREET, #3500 MIAMI FL 33131-2130		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number) 1000002069561-4 Suite, Apt. #, etc. -01/28/97-01027-007 City Tallahassee FL Zip Code 32301	
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**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
KYLE'S RUN DEVELOPMENT CORP.	116 S. MONROE STREET	TALLAHASSEE FL 32301	P95000060234

**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 *[Signature]* DATE 12/23/96

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

CR2E003 (6/96)