

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 OCT 22 PM 3:11

<b>1. Name of Limited Partnership</b>  CCA HOLDINGS, LTD.	<b>1a. DOCUMENT #</b> <b>A94000001007</b>
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<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
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<b>3. Date Formed or Registered</b> 07/25/1994	<b>5a. Capital Contributions as Shown on record</b> \$6,920,460.00
<b>3a. Date of Last Report</b> 01/21/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 59-3331219
<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>2. Mailing Address</b> 222 Clematis Street Suite, Apt. #, etc. Suite 207 City & State West Palm Beach, FL Zip Country 33401 Palm Beach	<b>2a. Principal Office Address</b> 222 Clematis Street Suite, Apt. #, etc. Suite 207 City & State West Palm Beach, FL Zip Country 33401 Palm Beach
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<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 is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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. Name(s) of General Partner(s)</b>  KYLE'S RUN DEVELOPMENT CORP.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  116 S. MONROE STREET	<b>11b. City, State &amp; Zip Code</b>  TALLAHASSEE FL 32301	<b>11c. Registration/Document Number</b>  P95000080234
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 -10/23/97-1050-020  
 \*\*\*\*\*550.00 \*\*\*\*\*550.00  
 10-22

**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 _____ Typed or Printed Name of General Partner Signing Form <b>Paula J. Ryan</b>	The Richman Group of Florida as agents for the Kyle's Run Development Corporation	DATE <b>September 29, 1997</b> Daytime Telephone Number <b>561-659-2050</b>
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CR2E003 (6/97)