

**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 Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 12 PM 2:27

WR 12/13

**1.** Name of Limited Partnership  
**CCRC WOODLANDS, LTD.**

**1a. DOCUMENT #**  
**A94000001750**



**2.** Mailing Address  
P. O. BOX 1486  
CALLAHAN FL 32011

**2a.** Principal Office Address  
TOMPKINS TRACE  
HILLIARD FL

Suite, Apt. #, etc.  
City & State  
Zip Country

**3.** Date Formed or Registered  
**12/16/1994**

**3a.** Date of Last Report  
**05/10/1996**

**4.** State or Country of Formation  
**FL**

**5a.** Capital Contributions as Shown on record.  
**\$12,000,000.00**

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

**6.** FEI Number  
**59-3283399**  
 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**

**CASSIDY, RICHARD C SR**  
**4846 ALGONQUIN AVE.**  
**JACKSONVILLE FL 32216**

**10. If changed, new Registered Agent/Office**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City FL Zip Code

**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
CCRC, CORP.	4646 ALGONQUIN AVE.	JACKSONVILLE FL 32210	P94000091043

600002030526--8  
-12/17/95--01066--017  
\*\*\*585.00 \*\*\*585.00

CR2E003 (6/96)

**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 **12-9-96**

Typed or Printed Name of General Partner Signing Form **Richard C. Cassidy** Daytime Telephone Number **904-924-9624**