

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

FILED
 97 DEC 19 PM 12:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership CCRC WOODLANDS, LTD.	1a. DOCUMENT # A94000001750
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Mailing Address P. O. BOX 1486 CALLAHAN FL 32011	Principal Office Address TOMPKINS TRACE HILLIARD FL	3. Date Formed or Registered 12/16/1994
2. Mailing Address 4196 Herschel St. Suite, Apt. #, etc.		3a. Date of Last Report 12/12/1996
2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation FL
City & State Jacksonville, FL		5a. Capital Contributions as Shown on record. \$12,000,000.00
Zip 32210 Country		5b. Amount of Capital Contributions in FLORIDA to date. 845,819.00
6. FEI Number 59-3283399		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)		

12/29

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
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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.**

11. Name(s) of General Partner(s) CCRC, CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4646 ALGONQUIN AVE.	11b. City, State & Zip Code JACKSONVILLE FL 32210	11c. Registration/Document Number P94000091043
100002385641 -- 1 -12/30/97--01040--019 *****550.00 *****550.00			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 <i>John T. Cassidy</i> Typed or Printed Name of General Partner Signing Form JOHN T. CASSIDY	DATE 12.15.97 Daytime Telephone Number (904) 584-0028
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CR2E003 (6/97)