

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

111111
CORPORATION

1. Name of Limited Partnership CCRC WOODLANDS, LTD.		1a. DOCUMENT # A94000001750	
Mailing Address 4196 HERSCHEL ST. JACKSONVILLE FL 32210	Principal Office Address TOMPKINS TRACE HILLIARD FL	3. Date Formed or Registered 12/16/1994	
2. Mailing Address Suite, Apt #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country	3a. Date of Last Report 12/19/1997	5a. Capital Contributions as Shown on record \$12,000,000.00
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL OR DA to date
		6. FEI Number 59-3283399	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to Dept. of State (See reverse side for information)	



9. Name and Address of Current Registered Agent CASSIDY, RICHARD C SR 4846 ALGONQUIN AVE. JACKSONVILLE FL 32216		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City Zip Code FL
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10. If changed, new Registered Agent Office	<i>[Signature]</i>
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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
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02/08/99 01017-001
***535.00 ***535.00

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(4)(c), 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]*
Typed or Printed Name of General Partner Signing Form **Richard C. Cassidy Sr**

DATE **12/30/96**
Daytime Telephone Number **904 354 0026**

CR2E003 (8/98)