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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

ICCH SOUTH CAROLINA I, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A9600000375

97 DEC - 1 PM 12: 59



C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS FL 33410 2. Malling Address 3. Date of Less Report 11/26/1996 4. State or Country of Formation FL 6. FEL Number 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (Soc reverse side for foe Information 9. Name and Address of Current Registered Agent 10. If changed, now Registered Agent/Office BAROT, DILIP C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410 10. Street Address (P.O. Box Number is Not Acceptable) FL 7/P Code Typ Code Typ Code Typ Code Typ Code City State Status Status present of the provisions of sections EQ1 1051 and EQ2 192, Florids Statutes Side, Apt. 8, etc. City Street Address (P.O. Box Number is Not Acceptable) FL A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
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Zip Country Typ Country 7, Country 8, Make check payable to: Dept. of State (Soo Teverse side for fee Information Fee Required Agent) 10, If changed, now Registered Agent/Office Name PARTO, DILIP BAROT, DILIP C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410 City FL Zip Code Side, Apt. #, etc. City FL Zip Code Side Agent is the provisions of sections 670 1051 and 670 192, Florida Statutes, the above-named imited partnership organized or registered valent five laws of the State of Fords, automats this statement agent. I em familiar with, and eccept the obligations of section 670 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment). 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) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registered Agent Number CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., PALM BEACH GARDENS FL P96000017384			City & State			65-0662854	Applied For Not Applicable	
8. Make check payable to: Dept. of State (Soc reverse side for foe information of the state of Social Payable to: Dept. of State (Soc reverse side for foe information of the state of Social Payable to: Dept. of State (Soc reverse side for foe information of the state of Social Payable to: Dept. of State (Soc reverse side for foe information of the state of Social Payable to: Dept. of State (Social	Oily a Oilaio		Ony & State		į	7. Certificate of Status Desired		
BAROT, DILIP C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410 108. Pursuant to the provisions of sections 5/0 1051 and 6/0 192, Florida Statutes, the above-marked invited partnership organized or registered under the laws of the State of Florida, submits this stationen for the the purpose of changing its registered office or registered agent, I am familiar with, and accopit the obligations of sections 6/0 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment). 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) 11a. ((b) NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Document Number CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., PALM BEACH GARDENS FL P96000017384	Zip	Country	Zip Country					
BAROT, DILIP C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410 10a, Pursuant to the privipose of changing its registered office or registered agent, or both, in the State of Forder. Such change was authorized by its general partner(s). I horsely accept the appointment of registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Address of Each General Partner(s)) 11b. City, State & Zip Code 11c. Registered Name of Code (South CAROLINA I, INC.) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Ponotitive Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Occument Number Palm BEACH GARDENS FL P96000017384 ***********************************						Make check payable to: Dept. or	State (See reverse side for fee information	
BAROT, DILIP C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410 Total 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 statemen for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authentized by its general partner(s). Thereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authentized by its general partner(s). Thereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authentized by its general partner(s). Thereby accept the appointment of registered agent, accepting Appointment. 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) 11a. (Address of Each General Partner) 11b. City, State & Zip Code 11c. (Degeteration) 11c. (Degeteration) 11d. (Degeteration)	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410 To a. 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) 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) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip, Codo 11c. Registration/Document Number. CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., PALM BEACH GARDENS FL P96000017384 *******156.25				Namo				
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10g. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutios, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statemen for the purpose of changing its registered eigent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of socion 620 192, Florida Statutes. BIGNATURE (Registered Agent Accepting Appointment). 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) 11a. Address of Each General Partner CCH SOUTH CAROLINA I, INC. 11a. (Do NOT Use Post Office Box Numbers) 4243 NORTHLAKE BLVD., PALM BEACH GARDENS FL P960000017384 EDITION 23 3 7 5 1 5 10 12 12 12 10 19 7 10 10 06 10 18 ***********************************	PALM BEACH GARDENS PL 33410			City			FL Zip Code	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner						6000 0 23 -12/10/ ****15	8676160 79701006018 36.25 ****156.25	
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1 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 logal effects as if made under eath. 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 Anishad Lang, Secretary

Typed or Printed Name of General Partner Signing Form CC H South Carolina I. I. I.

.. DATE _ 11- 4- 47

Daytime Telephone Number 561.627-7985 11.14