

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -1 PM 12:59



1. Name of Limited Partnership
**1a. DOCUMENT #
A96000000375**

CCH SOUTH CAROLINA I, LTD.

Mailing Address C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410		Principal Office Address C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410		3. Date Formed or Registered 02/26/1996	5a. Capital Contributions as Shown on record \$2,500.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 11/26/1996	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Zip Country		Zip Country		6. FEI Number 65-0662854	
				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 fee information)					

9. Name and Address of Current Registered Agent BAROT, DILIP C/O CCH SOUTH CAROLINA I, INC. 4243 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410		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) CCH SOUTH CAROLINA I, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4243 NORTHLAKE BLVD.,	11b. City, State & Zip Code PALM BEACH GARDENS FL	11c. Registration/Document Number P96000017384
6000002367616--0 -12/10/97--01006--018 ****156.25 ****156.25			
KWM			

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

2. 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 *Anishad Lang, Secretary*

DATE **11-4-97**

Typed or Printed Name of General Partner Signing Form **CCH South Carolina I, Inc.**

Daytime Telephone Number **561-627-7985 ext. 14**

CR2E003 (6/97)