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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF COOR STATE

1990	DIVISION OF CO	DRPORATION	ıs	98 (4)	WORATIONS	
1. Name of Limited Perinership	1a. DOCUM <b>A9700000</b>			98 JAN -2 ,	<sup>94</sup> 3: 27	
CCC LAKE WORTH, LTD.				D1/14	ITTI BRITT BRITT BRITT BRITT BRITT IBREE HOL INGI	
Malling Address	Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
C/O CATALFUMO MANAGEMENT & INVESTMENT. INC 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410	C/O CATALFUMO MANAGEMENT & INVESTMENT. INC 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410		03/19/1997 3a. Date of Last Report	\$751,000.00  5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	28. Principal Office Address			4. State or Country of Formation	Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number  65 - 0748231 Applied For  Not Applied For		
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country		8. Make check payable to: Dept. of 8	Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office		
CATALFUMO MANAGEMENT & INVESTMENT, INC. 4300 CATALFUMO WAY PALM BEACH GARDENS FL 33410		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 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Flo					
SIGNATURE (Registered Ageni 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)	11a. Address of Each Genera (Do NOT Use Post Office Bo	al Partner ox Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number			
CATALFUMO MANAGEMENT AND INV	4300 CATALFUMO WAY	PALM BEACH GARDENS FL	M50406			
		5000024 -01/16/ ****55	1034659 \$801097010 0.00 ****550.00			

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

vith 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 rporations from any liability of non-compliance with Section 149 07(3)(k) In the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on annual report is true and accurate and that my signature shall have owered to execute this report as required by chapter 620, Florida made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE

DATE 12/30/97
(561)694-3000