2001 UNIFORM BUSINESS REPORT (UBR)

						-		
DOCUMENT # A9900001774 1. Entity Name					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
					DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address					OI FEB 16 PM 1: 16			
	/ Avenue. 17th Floor Beach Fl 33401	222 LAKEVIEW AVENUE, 17TH FLOOR WEST PALM BEACH FL 33401						
2. Principal P	Place of Business	3. Mailing Address						
	•	-				DO NOT WRITE IN THIS SPACE (a.d) (i)	i k	
	forporate Center Boulevard, Suite 555	Gardens Corporate Center 3801 PGA Boulevard, Suite 55		e 555	`	4. FEI Number Applied F	MI or	
Palm Beac	Palm Beach Gardens,	each Gardens, FL 33410		_	65-0963500 Not Appli			
		<u> </u>				5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent		
REGSERV CORP. 222 LAKEVIEW AVENUE, 17TH FLOOR WEST PALM BEACH FL 33401			•	Garder 3801 P	ERV CORP. ns Corporate Center PGA Boulevard, Suite 555 Beach Gardens, FL 33410 FL Zip Code			
8. RE	GSERV CORP.	ş re	gistere	ed office or	registere	red agent, or both, in the State of Florida.	\neg	
si By: A — h						1/2-3/01	_	
Dawyence B. Juran, President FE: Registered Agent signature required when reinstating) DATE								
as Shown		in FLORIDA to date		IICT DE C	PEGIST	SEE REVERSE SIDE FOR FEE INFORMATIO	N	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								
12. DOCUMENT #	GENERAL PARTNER A99000001773	INFORMATION	13.			ADDRESS CHANGES ONLY		
NAME Street address	CC3 INVESTORS, LTD.		SIME	ET ADDRESS	Gardens Corporate Center			
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY	-ST-ZIP		PGA Boulevard, Suite 555 Beach Gardens, FL 33410		
OOCUMENT # NAME			STRE	ET ADDRESS			18	
STREET ADDRESS CITY-ST-ZIP		•	CITY	-ST-ZIP	`			
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NAME Street address			•	}		****141_25 *****141		
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and t er or trustee empowered in execute this	this filing does not qualify for the hat my signature shall have the report as required by Chapter	ne exer e same 620, F	mption state legal effection lorida State	ed in Sec at as if m utes	ection 119.07(3)(i), Florida Statutes. I further certify that the informat nade under oath; that I am a General Partner of the limited partners	ion hip or	

別常是D Patrick J. DiSalvo

SIGNATURE: