

2000 UNIFORM BUSINESS REPORT (UBR)

0015152 AF

DOCUMENT # B97000000267

1. Entity Name

CCC RETIREMENT PARTNERS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 PM 5: 59

Principal Place of Business
10400 FERNWOOD ROAD, #500
BETHESDA MD 20817-1109

Mailing Address
10400 FERNWOOD ROAD, #500
BETHESDA MD 20817-1109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6600 Rockledge Drive
Suite, Apt. #, etc.
Suite 600
City & State
Bethesda, MD

3. Mailing Address
6600 Rockledge Drive
Suite, Apt. #, etc.
Suite 600
City & State
Bethesda, MD

4. FEI Number 35-1686799
Applied For
Not Applicable

Zip 20817-1109 Country US
Zip 20817-1109 Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$0.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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. GENERAL PARTNER INFORMATION
DOCUMENT # P12497
NAME CCC RETIREMENT, INC.
STREET ADDRESS 10400 FERNWOOD ROAD, #500
CITY-ST-ZIP BETHESDA MD 20817-1109

13. ADDRESS CHANGES ONLY
STREET ADDRESS 6600 Rockledge Drive, Ste. 600
CITY-ST-ZIP Bethesda, MD 20817-1109
STREET ADDRESS 900003217299--2
CITY-ST-ZIP -04/21/00--01002--024
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Tracy M. Faden* CCC Retirement, Inc., 2/29/00 240-694-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)