


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006242 (0)

1. Corporation Name  
CONCAP CCP/III PROPERTIES, INC.

Principal Place of Business

PO BOX 1089  
GREENVILLE SC 29602

Mailing Address

PO BOX 1089  
GREENVILLE SC 29602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1995	3a. Date of Last Report 07/08/1996
4. FEI Number 75-2394405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	VINSON, CARROLL D	
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA, 10TH FLR	
CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	JARRARD, WILLIAM H JR	<input type="checkbox"/> DELETE
NAME	JARRARD, WILLIAM H JR	
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA, 10TH FLR	
CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LINES, JOHN K	
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA, 10TH FLR	
CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	CAO	<input checked="" type="checkbox"/> DELETE
NAME	LONG, ROBERT D JR	
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA, 10TH FLR	
CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUECHLER, KELLEY M	
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA, 10TH FLR	
CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE	BOYD TREASURER	<input type="checkbox"/> DELETE
NAME	RONALD WRETA	
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA	
CITY-ST-ZIP	GREENVILLE, SC 29601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

8/12/97 8/4 239-1000

CR2E034 (4/97)