

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P40525 (8)
1. Corporation Name
CONCAP CCP/IV PROPERTIES, INC.



Principal Place of Business
1 INSIGNIA FINANCIAL PLAZA
P O BOX 1089
GREENVILLE SC 29601
US

Mailing Address
PO BOX 1089
GREENVILLE SC 29602-1089
US

3. Date Incorporated or Qualified
09/17/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
75-2440361

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	VINSON, CARROL D	1.2 NAME	WILLIAM H. JARROLD, JR.
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA	1.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	GREENVILLE, SC 29601
TITLE	VSS	2.1 TITLE	
NAME	LINES, JOHN K	2.2 NAME	
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	BUECHLER, KELLEY M	3.2 NAME	
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	
TITLE	VPCA	4.1 TITLE	VP/TREAS.
NAME	LONG, ROBERT D	4.2 NAME	RONALD URETTA
STREET ADDRESS	1 INSIGNIA FINANCIAL PLAZA	4.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	GREENVILLE, SC 29601
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4/17/97 864-235-1000

CR2E034 (9/96)