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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 11 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025899

1. Corporation Name
CCR OF LAKE LAS VEGAS GP, INC.

Principal Place of Business	Mailing Address
3250 MARY ST., STE. 500 MIAMI FL 33133	3250 MARY ST., STE. 500 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1998
4. FEI Number — [X] 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. The corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business: 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address: 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

PELTZ, ARVIN
3250 MARY ST., STE. 500
MIAMI FL 33133

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

600002781086--4
-02/19/99--01088--009
****150.00 ****150.00

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 — DATE

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.			13.		
TITLE	D	[ ] DELETE	11 TITLE	C/P	[ ] Change [ ] Addition
NAME	WEISER, SHERWOOD M		12 NAME		
STREET ADDRESS	3250 MARY ST., STE. 500		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		14 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	21 TITLE		[ ] Change [ ] Addition
NAME	LEFTON, DONALD E		22 NAME		
STREET ADDRESS	3250 MARY ST., STE. 500		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		24 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	31 TITLE	V/T/S	[ ] Change [ ] Addition
NAME	TEMLING, W. PETER		32 NAME		
STREET ADDRESS	3250 MARY ST., STE 500		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		34 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	41 TITLE	V	[ ] Change [ ] Addition
NAME	STURGES, ROBERT B.		42 NAME		
STREET ADDRESS	3250 MARY ST., STE 500		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE: W. Peter Temling, Vice President, 1/13/99 (305)445-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #