2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

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DOCUMENT # A0300001150 1. Entity Name								F SECRETAL DIVISION OF	ILED RY OF	STATE DEATIONS	
CR-TOP ASSOCIATES, LTD.								OH MAR 1			
Principal Place	of Business			Address				Q41mm v	_		
701 BRICKELL AVENUE, SUITE 1400 701 BRICKELL AVENUE, MIAMI FL 33131-2822 701 BRICKELL AVENUE, MIAMI FL 33131-2822						E 1400	1				
:										### #### #### #### # #################	
2. Principal Place of Business 703 Waterford Way Suite, Apt. #, etc. 3. Mailing Address 703 Waterford Suite, Apt. #, etc.						ord Way					
Suite 800 Suite 8)			MOORE	CR2E0	03 (11/03)	
City & State Miami, FL				State Miami,FL					Applied For Not Applicab	le	
^{Zip} 33126		Country	Zip	33126	Coun	try		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						Name		7. Name and Address of New	Registere	d Agent	_
PITTS, W. DOUGLAS 701 BRICKELL AVENUE, SUITE 1400							treet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131-2822						703 Waterford Way Suite 800					Ⅎ
†						City				Zip Code	\dashv
						,	Mi	ami	_	└	_
the obligation	amed entity ns of registe	r submits this statement for ered agent.	the purpo	ose of changing its	registere	ed office or reg	istere	ed agent, or both, in the State of F	lorida. I a	m familiar with, and accep	t I
SIGNATURE —	ignature, typed (or printed name of registered agent an	d title if appli	cable.					DATI	Ē	
9. Capital Contributions as Shown on record. \$7,500.00 in FLORIDA to date.								SEE REVER	SE SIDE I	LE TO FL. DEPT OF STAT	E
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		13.	, an amona		ADDRESS CH			\dashv		
DOCUMENT # P96000034735						ET ADDRESS					ヿ
NAME NEWCASTER DEVCORP, INC. STREET ADDRESS 701 BRICKELL AVENUE, SUITE 1400								os Nateriora may, Suite 800			
1	OITY-ST-ZIP MIAMI FL 33131-2822					- ST- ZIP	Mi	ami, FL 33126			_
NAME					STRE	ET ADDRESS					- }
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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 adcurate 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											
SIGNATU	JRE: _	AGNATURE AND TYPED OR P	PRINTED NA	JOSEPS H. R.	19e	TRESSUR	u	3/3/04 1 Bate	3	05-26/-4330 Daytime Phone #	
		· / / / /				NEWCAST	<u>ee (</u>	HENCORPINC.			