

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A03000001245

1. Entity Name

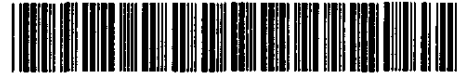
**CROSSROADS DISTRIBUTION CENTER LIMITED
PARTNERSHIP**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 AM 10:44

Principal Place of Business Mailing Address
C/O SENTINEL REAL ESTATE CORPORATION C/O SENTINEL REAL ESTATE CORPORATION
1251 AVENUE OF THE AMERICAS, 36TH FLO 1251 AVENUE OF THE AMERICAS, 36TH FLO
NEW YORK NY 10020 NEW YORK NY 10020



MOORE CR2E003 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 33-1069743 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100,000.00 10. Amount of Capital Contributions in FLORIDA to date. 99,000 11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000023309	STREET ADDRESS	
NAME	CROSSROADS ORLANDO, LLC	CITY-ST-ZIP	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		
CITY-ST-ZIP	NEW YORK NY 10020		
DOCUMENT #		STREET ADDRESS	900032971669
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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

By: Crossroads Orlando, LLC, as general partner

SIGNATURE: Ellen Guttenberg, Asst Secy

2/12/04

212-408-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE