## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

rossibads Orlando, centinel Realty Corp.

CHECK

щ

STAPL

SIGNATURE: \_

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A03000001245 1. Entity Name CROSSROADS DISTRIBUTION CENTER LIMITED 05 MAR 23 AM 9: 43 **PARTNERSHIP** Principal Place of Business Mailing Address C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS, 36TH FLO NEW YORK NY 10020 C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS, 36TH FLO NEW YORK NY 10020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 33-1069743 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and little if applicable See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$100,000.00 99,000 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12 L03000023309 DOCUMENT # STREET ADDRESS CROSSROADS ORLANDO, LLC NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAS CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10020 DOCUMENT # STREET ADDRESS <del>900049495919</del> STREET ADDRESS 03/30/05--01050--009 \*\*526.50 CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filling 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

, as general partner

IGNING GENERAL PARTNER