APPLICATION FOR REINSTATEMENT OF LIMITED PARTNERSHIP

A13060

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN 19 AM 8:37

DOCUMENT # A13060

1. Name of Limited Partnership
Crossroads Apartments, Ltd., a Florida limited partnership

W97-12282

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
3740 Beach Boulevard	3740 Beach Boulevard	8-27-82
Suite, Apt. #, etc: Suite 300	Suite, Apt. #, etc: Suite 300	5. FEI Number: 59-2235860 ☐ Applied For ☐ Not Applicable
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida	6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status
Zip: 32207 Country: U.S.A.	Zip: 32207 Country: U.S.A.	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $1.00.00

8b. Amount of Capital Contributions in **FLORIDA** to date

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $103.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

$35 **10.** If changed, new registered agent/office

Name: Jack C. Demetree
Street Address (P.O. Box Number Is Not Acceptable): 3740 Beach Boulevard
Suite, Apt. #, etc.: Suite 300
City: Jacksonville FL Zip Code: 32207

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Jack C. Demetree DATE 06-03-97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Jack C. Demetree	3740 Beach Boulevard Suite 300	Jacksonville, FL 32207	
William C. Demetree	3348 Edgewater Drive	Orlando, FL 32804	

900002217519--5
-06/19/97--01102--001
***6610.00 ***6610.00

REINSTATEMENT $1-97

900002217519--5
-06/19/97--01102--002
*****43.75 *****43.75

CR2E039 (1/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Jack C. Demetree DATE May 20, 1997

Typed or Printed Name of General Partner Signing Form: Jack C. Demetree Telephone Number: (904) 387-7350