

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

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A24239 1. Entity Name CROSSINGS SHOPPING VILLAGE ASSOCIATES LLLP	
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Principal Place of Business 930 WASHINGTON AVE., 4TH FLOOR MIAMI BEACH FL 33139-5084	Mailing Address 930 WASHINGTON AVE., 4TH FLOOR MIAMI BEACH FL 33139-5084
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2785470	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

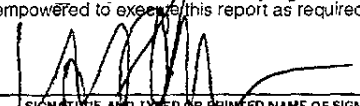
6. Name and Address of Current Registered Agent FRIEDMAN, MICHAEL DEAN, ESQ. 930 WASHINGTON AVE., 4TH FLOOR MIAMI BEACH FL 33139-5084	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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.	FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable DATE _____	
9. Capital Contributions as Shown on record. \$1,530,000.00	10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FRIEDMAN, MICHAEL D	STREET ADDRESS	
NAME	930 WASHINGTON AVE., 4TH FLOOR	CITY- ST- ZIP	000000230804 02/16/05-80001-025 526.25
STREET ADDRESS	MIAMI BEACH FL 33139-5084		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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)(f), 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

SIGNATURE:  **2/9/05** **(305) 674-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE