

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000000845

1. Entity Name

CROSS FAMILY, LTD.

Principal Place of Business
5505 FAIRWAY PARK DRIVE
#102
BOYNTON BEACH FL 33437

Mailing Address
5505 FAIRWAY PARK DRIVE
#102
BOYNTON BEACH FL 33437

2. Principal Place of Business

Suit

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSS, DANIEL
5505 FAIRWAY PARK DRIVE
#102
BOYNTON BEACH FL 33437

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.

SIGNATURE

Dan Cross

(NOTE: Registered Agent signature required when reinstating)

DATE

05/26/01

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	CROSS, DANIEL 5505 FAIRWAY PARK DRIVE #102 BOYNTON BEACH FL 33437	STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CROSS, ARLENE B 5505 FAIRWAY PARK DRIVE #102 BOYNTON BEACH FL 33437	STREET ADDRESS CITY-ST-ZIP	300004420973-9 05/14/01-0119-013 ****141.25 ****141.25	
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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 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:

Dan Cross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/12/01 561 738 2909

Date

Daytime Phone #

6008000
AF

CR2E003 (11/00)