


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001850 1. Entity Name ROSS/CRAWFORD ASSOCIATES, LTD.					
Principal Place of Business 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082				Mailing Address 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business		3. Mailing Address 1514 Nira Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jacksonville, FL			
Zip	Country	Zip 32207	Country	4. FEI Number 59-3684021	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ. SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVE., SUITE 2400 MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,727,273.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,727,273.00			
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	P00000111317 ROSS/CRAWFORD GROUP, INC. 185 TWELVE OAKS LANE PONTE VEDRA BEACH, FL 32082		STREET ADDRESS CITY-ST-ZIP	U000000096185 03/25/04-80018-008 526.25	
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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: <i>Raymond A. Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/11/04 <small>Date</small>		

STAPLE CHECK HERE