

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005763 AT

DOCUMENT # A00000001850



1. Entity Name  
ROSS/CRAWFORD ASSOCIATES, LTD.

FILED  
03 FEB -4 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3684021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, NICHOLAS M ESQ.  
SUNTRUST INTERNATIONAL CENTER  
ONE S.E. 3RD AVE., SUITE 2400  
MIAMI FL 33131

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$2,727,273.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,727,273.00

11. MAKE CHECK PAYABLE TO FL. 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 # P00000111317  
NAME ROSS/CRAWFORD GROUP, INC.  
STREET ADDRESS 185 TWELVE OAKS LANE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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)(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: Raymond A. Ross, Jr.  
President of Managing General Partner

1/20/03

904 273-7088

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE