

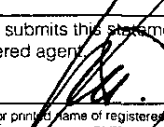
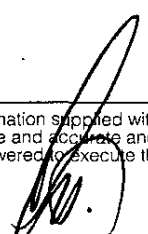


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A01000000299 1. Entity Name YAMATO CROSSING ASSOCIATES, LTD.						FILED 04 JUL -7 PM 3: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 140 NORTH FEDERAL HIGHWAY, SECOND FLO BOCA RATON FL 33432				Mailing Address 140 NORTH FEDERAL HIGHWAY, SECOND FLO BOCA RATON FL 33432			
2. Principal Place of Business		3. Mailing Address		 MOORE CR2E003 (11/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 65-1086075				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SCHROEDER, MICHAEL A ESQ. C/O SHROEDER AND LARCHE P.A. 2255 GLADES ROAD, SUITE 319 ATRIUM BOCA RATON FL 33431				Name GREGORY K. TALBOTT Street Address (P.O. Box Number is Not Acceptable) 140 N. FEDERAL HIGHWAY SUITE 200 City Boca Raton			
FL Zip Code 33432				FL Zip Code 33432			
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 4/5/04							
9. Capital Contributions as Shown on record. \$10,000,000.00							
10. Amount of Capital Contributions in FLORIDA to date. 5,600,000.							
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 # P01000016911 NAME YAMATO CROSSING, INC. STREET ADDRESS 140 NORTH FEDERAL HIGHWAY, SECOND FLOOR CITY-ST-ZIP BOCA RATON FL 33432				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				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:  DATE 4/5/04							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							

STAPLE CHECK HERE