

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000299

1. Entity Name
YAMATO CROSSING ASSOCIATES, LTD.



APPROVED
AND
FILED

03 JAN 28 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
140 NORTH FEDERAL HIGHWAY, SECOND FLOOR
BOCA RATON FL 33432

Mailing Address
140 NORTH FEDERAL HIGHWAY, SECOND FLOOR
BOCA RATON FL 33432



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1086075				Applied For 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 Street Address (P.O. Box Number is Not Acceptable) 300011136219 01/28/03--01067--004 **535.00 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. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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	STREET ADDRESS	
NAME	YAMATO CROSSING, INC.	CITY-ST-ZIP	
STREET ADDRESS	140 NORTH FEDERAL HIGHWAY, SECOND FLOOR		
CITY-ST-ZIP	BOCA RATON FL 33432		
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NAME		CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)