## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

## **FILED** Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # A01000000330 1. Entity Name BRIAN V. CROSS FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 11075 CONISTON WAY WINDERMERE FL 34876 11075 CONISTON WAY WINDERMERE FL 34876 2. Principal Place of Business 3. Mailing Address Suite, Apr #, etc. Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 59-3708149 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROSS, BRIAN V Street Address (P.O. Box Number is Not Acceptable) 11075 CONISTON WAY WINDERMERE FL 34876 City 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,482,883.88 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P00000086649 STREET ADDRESS NAME A.I.J. & B., INC. STREET ADDRESS 11075 CONISTON WAY CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34876 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U00000294870 <del>04/09/05-80006-002-526,25</del> DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-7IP CITY-ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP 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 cath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNEI

-Brian V. Gross 3-31-05 (402)876