2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	DOCUMENT # A0400001181 1. Entity Name CRT BAYMEADOWS, LTD.							2005 APR 25 PM 12: 24 SECHETARY OF STATE TALLAHASSEE, FLORIDA			
	Principal Place of Business C/O CRT PROPERTIES, INC C/O CRT PROPERTIES, INC 225 NE MIZNER BLVD, STE 200 BOCA RATON, FL 33432 Mailing Address C/O CRT PROPERTIES, INC 225 NE MIZNER BLVD, ST BOCA RATON, FL 33432					STE 20	0				
	2. Principal P	tace of Busine	958	3. 1	3. Mailing Address						
	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. 4					-	04132005	Chg-LP	CR2E	:003 (10/03)
	City & State	City & State			City & State			4. FEI Number			Applied For Not Applicable
-	Zip Country		7	Zip Cou		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
F	6. Name and Address of Current			ent Regist	istered Agent		Name	7. Name and A	ddress of New R	egistered	Agent
	WEDGE, WILLIAM J C/O CRT PROPERTIES, INC						Street Address (P.O. Box Number is Not Acceptable)				
	225 NE MI	225 NE MIZNER BLVD, STE 200									
	BOCA RATON, FL 33432									FI	Zip Code
	 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 acc the obligations of registered agent. 										n familiar with, and accept
	SIGNATURE -	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE									
	Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. \$8,400,000.00 10. Amount of Capital C in FLORIDA to date.										
Ī	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 CH.	ANGES OF	NLY
	DOCUMENT # NAME	M04000002831 CRT BM GP LLC				STA	EET ADDRESS				
	STREET ADDRESS City-St-ZIP	1	ZNER BLVD, STE TON, FL 33432	200		CITY	r-ST-ZIP				
	DOCUMENT # NAME					STR	EET ADDRESS				
	STREET ADDRESS CITY+ST-ZIP	is .			CITY		/-ST-ZIP	600054346126 05/12/0501072034 **526.25			
	DOCUMENT #				STRE		EET ADDRESS	05/12/0501072034 **526.25			
	STREET ADDRESS CITY-ST-ZIP					СП	/-ST-ZIP				
	DOCUMENT #	1				STR	EET ADORESS				
끮	STREET ADDRESS City-St-Zip					СП	/-ST-ZIP				
X	DOCUMENT /	ENT /				STR	EET ADDRESS				
STAPLE CHECK HER	STREET ADDRESS CITY+ST-ZIP	•				CIT	r-ST-ZIP				
TAPLE	DOCUMENT /					STR	EET ADDRESS				-
	STREET ADDRESS CITY-ST-ZIP					CITY	Y-ST-ZIP				
ļ	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 PRINTER NAME OF SIGNING GENERAL PARTNER Date Date Date Dayling Phone *											