

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAY 10 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01082007 Chg-LP CR2E003 (12/06)

4. FEI Number ☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DOCUMENT # A06000000129**

1. Entity Name  
**CROSSINGS AT THE RIVER ASSOCIATES, LTD.**



Principal Place of Business  
**7483 S.W. 24TH STREET, SUITE 209  
MIAMI, FL 33155**

Mailing Address  
**7483 S.W. 24TH STREET, SUITE 209  
MIAMI, FL 33155**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**6. Name and Address of Current Registered Agent**

**MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER, 150 WEST FLAGLER STREET  
MIAMI, FL 33155**

**7. Name and Address of New Registered Agent**

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 DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT #	P06000004028
NAME	CROSSINGS AT THE RIVER GP, INC.
STREET ADDRESS	7483 S.W. 24TH STREET, SUITE 209
CITY-ST-ZIP	MIAMI, FL 33155
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100102729601 05/17/07--01039--012 **\$08.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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:** **04/27/2007** **3052673624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE