


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:44

DOCUMENT # A06000000372

1. Entity Name
 CROSS CREEK RANCH, LLLP



Principal Place of Business Mailing Address


1800 SECOND STREET 1800 SECOND STREET
 SUITE 882 SUITE 882
 SARASOTA, FL 34236 SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03272008 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 20-4483595 Not Applicable

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

6. Name and Address of Current Registered Agent

BEVERLY MANAGEMENT, LLC
 1800 SECOND STREET
 SUITE 882
 SARASOTA, FL 34236

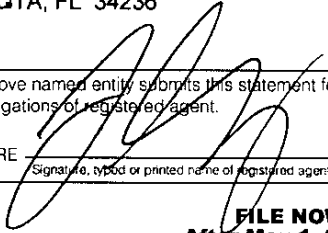
7. Name and Address of New Registered Agent

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  COO DATE 4/18/08

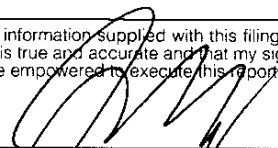
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------------------|--------------------------|-------------------------------|
| DOCUMENT # | L03000031672 | STREET ADDRESS | |
| NAME | BEVERLY MANAGEMENT, LLC | CITY-ST-ZIP | 600125741376 |
| STREET ADDRESS | 1800 SECOND STREET - SUITE 882 | | 04/25/08--01006--016 **500.00 |
| CITY-ST-ZIP | SARASOTA, FL 34236 | STREET ADDRESS | |
| DOCUMENT # | | CITY-ST-ZIP | |
| NAME | | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
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| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | STREET ADDRESS | |

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:  COO DATE 4/18/08 941-953-9922

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