2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 APR 11 AM 10:00

DOCUMENT # A06000001260

1. Entity Name

CR FLORIDA PARTNERS LLLP

Principal Place of Business
2799 NW BOCA RATON BLVD, STE 203
BOCA RATON FL 33431

Mailing Address
2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON FL 33431

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6959 College CT		6959 College CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Davie Fla		City & State: Davie Fl	
Zip: 33317	Country: Broward	Zip: 33317	Country: Broward

4. FEI Number: 20-5827940 — Applied For / Not Applicable — APPLIED FOR

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCIARRETTA, STEVEN A ESQ. 2799 NW BOCA RATON BLVD., SUITE 203 BOCA RATON FL 33431	Name: Ken Rubenfeld Street Address (P.O. Box Number is Not Acceptable): 6959 College CT Davie Fl City: 33317 **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]
Signature, typed or printed name of registered agent and title if applicable DATE

600122542686
04/08/08--01005--029 **500.00

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

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 #	L06000106108	STREET ADDRESS	6959 College CT
NAME	CR FLORIDA MANAGEMENT LLC		
STREET ADDRESS	2799 NW BOCA RATON BLVD., SUITE 203	CITY-ST-ZIP	Davie, Fl 33317
CITY-ST-ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

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. 3/3/08

SIGNATURE: Cary O Rubenfeld 3/3/08 954 471 8513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #