

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012628 AF

**DOCUMENT # A06665**  
 1. Entity Name  
**CROSS CREEK ASSOCIATES, LTD.**

**FILED**  
 01 FEB -5 AM 10:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


Principal Place of Business      Mailing Address  
 11330-1 ST. JOHNS INDUSTRIAL PARKWAY      11330-1 ST. JOHNS INDUSTRIAL PARKWAY  
 JACKSONVILLE FL 32246      JACKSONVILLE FL 32246

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-1837810**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ELSILA NEIL E.**  
**11330-1 ST. JOHNS INDUSTRIAL PARKWAY**  
**JACKSONVILLE FL 32246**

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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$0.00**      10. Amount of Capital Contributions in FLORIDA to date.      11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>G00063900051</b>
NAME	<b>THE PHOENIX GROUP CO.</b>
STREET ADDRESS	<b>11330-1 ST. JOHNS INDUSTRIAL PARKWAY</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>
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	<b>500003677205--6</b>
CITY-ST-ZIP	<b>-02/13/01--01084--016</b>
	<b>***141.25 ***141.25</b>
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 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:** *NEIL E ELSILA*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
 \_\_\_\_\_      **1/30/2001**      **(904) 565-1901**  
 \_\_\_\_\_      Date      Daytime Phone #

CR2E003 (11/00)