

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08384**

1. Entity Name

**CROSS STREET PROPERTIES, LTD., A FLORIDA LIMITED**

**FILED**

**01 OCT -9 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business <b>1601 W. MARION AVE., SUITE 101 PUNTA GORDA FL 33950</b>	Mailing Address <b>1601 W. MARION AVE., SUITE 101 PUNTA GORDA FL 33950</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>DUE BY SEPTEMBER 26, 2001</b>	
4. FEI Number <b>59-1975308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GARRARD, THOMAS W  
520 EAST OLYMPIA AVENUE  
PUNTA GORDA FL 33950**

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. <b>\$170,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	NAME	STREET ADDRESS	
NAME	<b>GRAHAM, WILLIAM A., JR.</b>	CITY-ST-ZIP	<b>900004634869--5</b>
STREET ADDRESS	<b>500 BAL HARBOR BLVD</b>		<b>-10/12/01--01049--025</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>		<b>****526.25 ****526.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>MORELLO, JAMES G.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3730 BORDEAUX DRIVE</b>		
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>MOORE, JAMES E., III</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1249 ALTON RD</b>		
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>		
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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

**JAMES G. MORELLO, GEN. PARTNER**

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9/25/01 941-639-2788**

Date Daytime Phone #

CR2E003 (5/01)