

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015069 AT

DOCUMENT # A08384

1. Entity Name
CROSS STREET PROPERTIES, LTD., A FLORIDA LIMITED
PARTNERSHIP



FILED

03 APR 11 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1601 W. MARION AVE., SUITE 101
PUNTA GORDA FL 33950

Mailing Address
1601 W. MARION AVE., SUITE 101
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1975308

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions \$170,000.00
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME GARRARD, THOMAS W
STREET ADDRESS 27202 HARBOUR OAKS BOULEVARD
CITY-ST-ZIP PUNTA GORDA FL 33983

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME MORELLO, JAMES G.
STREET ADDRESS 3730 BORDEAUX DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

SIGNATURE: James G. Morello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-9-03 941/639-2788

Date

Daytime Phone #

CR2E003 (10/02)