

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED 550.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A11059

CROSSROADS ASSOCIATES LTD.



Mailing Address

5858 CENTRAL AVE.
P.O. BOX 41847
ST. PETERSBURG FL 33743

Principal Office Address

5858 CENTRAL AVE.
P.O. BOX 41847
ST. PETERSBURG FL 33743

3. Date Formed or Registered

08/26/1981

5a. Capital Contributions as
Shown on record.

\$327,940.00

3a. Date of Last Report

12/30/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

6. FEI Number

59-2120323

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SHER, CRAIG
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

10. If changed, new Registered Agent/Office

Name

100002384821--0

Street Address (P.O. Box Number is Not Acceptable)

-12/29/97--01119--018

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105-1 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

FRIEDLAND, JACK

16878 BAY ST

JUPITER FL 33477

100002384821--0

-12/29/97--01119--018

***541.25 ***541.25

JK

12/15/97

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Jack Friedland

DATE

Daytime Telephone Number

12/15/97
813-384-6000

CR2E003 (6/97)