

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A11121</b> 1. Entity Name FLORIDA CROSSROADS, LTD.					
Principal Place of Business 611 WEST BAY STREET TAMPA, FL 33606			Mailing Address P.O. BOX 489 RIVERVIEW, FL 33568		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062005    Chg-LP    CR2E003 (10/03)	
4. FEI Number 59-2122227				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROSS, GLEN E 611 WEST BAY STREET TAMPA, FL 33606			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$9,652,500.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SHIMBERG, MANDELL		CITY-ST-ZIP		
STREET ADDRESS	611 WEST BAY ST.				
CITY-ST-ZIP	TAMPA, FL 33606				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CROSS, GLEN E		CITY-ST-ZIP		
STREET ADDRESS	611 WEST BAY ST.				
CITY-ST-ZIP	TAMPA, FL 33606				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WINEBERG, HARVEY S		CITY-ST-ZIP		
STREET ADDRESS	611 WEST BAY ST.				
CITY-ST-ZIP	TAMPA, FL 33606				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	LEWIS, STEVE		CITY-ST-ZIP		
STREET ADDRESS	1111 N. DEARBORN, #1808				
CITY-ST-ZIP	CHICAGO, IL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			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)(f), 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: _____			01/21/05    8136720608		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE