2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

STAPLE CHECK

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A11121 06 JAN 18 AM 11: 20 FLORIDA CROSSROADS, LTD. Principal Place of Business Mailing Address **611 WEST BAY STREET** P.O. BOX 489 RIVERVIEW, FL 33568 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E003 (11/05) Chg-LP City & State City & State -4: FEI Number - Applied For-59-2122227 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROSS, GLEN E Street Address (P.O. Box Number is Not Acceptable) 611 WEST BAY STREET TAMPA, FL_33606 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME SHIMBERG, MANDELL STREET ADDRESS 611 WEST BAY ST. 700065000227 02/01/06--01073--008--**500.00 CITY-ST-7IP CITY-ST-ZIP TAMPA, FL 33606 DOCUMENT # STREET ADDRESS CROSS, GLEN E STREET ADDRESS 611 WEST BAY ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33606 DOCUMENT # STREET ADDRESS 180 N. LASALLE ST #2200 NAME WINEBERG, HARVEY S STREET ADDRESS 611 WEST BAY ST. CITY-ST-ZIP HICAGO, IL 60601 CITY-ST-ZIP TAMPA, FL 33606 DOCUMENT # STREET ADDRESS LEWIS, STEVE STREET ADDRESS 1111 N. DEARBORN, #1808 CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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