

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 10 AM 9:17

DOCUMENT # A11121

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 - No P.O. Box #

3. Mailing Address

611 W BAY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-LP

CR2E003 (12/06)

City & State

City & State

TAMPA FL

4. FEI Number

59-2122227

Applied For

Not Applicable

Zip

Country

Zip

Country

33606

5. Certificate of Status Desired ☐

\$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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME SHIMBERG, MANDELL
 STREET ADDRESS 611 WEST BAY ST.
 CITY-ST-ZIP TAMPA, FL 33606

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME CROSS, GLEN E
 STREET ADDRESS 611 WEST BAY ST.
 CITY-ST-ZIP TAMPA, FL 33606

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME WINEBERG, HARVEY S
 STREET ADDRESS 180 N LASALLE ST #2200
 CITY-ST-ZIP CHICAGO, IL 60601

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME LEWIS, STEVE
 STREET ADDRESS 180 N LASALLE ST #2200
 CITY-ST-ZIP CHICAGO, IL 60601

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-8-07 813 661-1713

STAPLE CHECK HERE