

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A11121

1. Entity Name
FLORIDA CROSSROADS, LTD.



Principal Place of Business
611 WEST BAY STREET
TAMPA FL 33606

Mailing Address
611 WEST BAY STREET
TAMPA FL 33606

FILED
03 JAN 14 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address
P O BOX 489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
RIVERVIEW, FL

4. FEI Number 59-2122227

Applied For

Not Applicable

Zip

Country

Zip

Country

33568

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSS, GLEN E
611 WEST BAY STREET
TAMPA FL 33606

7. Name and Address of New Registered Agent

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
as Shown on record.

\$9,652,500.00

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

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

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

DOCUMENT #
NAME WINEBERG, HARVEY S
STREET ADDRESS 611 WEST BAY ST.
CITY-ST-ZIP TAMPA FL 33606

DOCUMENT #
NAME LEWIS, STEVE
STREET ADDRESS 1111 N. DEARBORN, #1808
CITY-ST-ZIP CHICAGO IL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: CROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/03

Date

813 672 0608

Daytime Phone #

CR2E003 (10/02)

0013253 AT