2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A13060

1. Entity Name
CROSSROADS APARTMENTS OF ORLANDO, LTD.

6326

Principal Place of Business	Mailing Address
3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	01062004 Chg-LP CR2E003 (10/03)

Zip	Country	Zip	Country

4. FEI Number
59-2235860
☐ Applied For
☐ Not Applicable

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
DEMETREE, JACK C 3740 BEACH BLVD. SUITE 300 JACKSONVILLE, FL 32207	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. $100.00	10. Amount of Capital Contributions in FLORIDA to date.

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 #	L99000001938	STREET ADDRESS	
NAME	JCD CROSSROADS, L.L.C. ✓		
STREET ADDRESS	3740 BEACH BLVD., SUITE 300	CITY - ST - ZIP	
CITY - ST - ZIP	JACKSONVILLE, FL 32207		
DOCUMENT #	L99000001939	STREET ADDRESS	U0000007031E
NAME	WCD CROSSROADS, L.L.C. ✓		02/28/04-80021-011 150.00
STREET ADDRESS	3740 BEACH BLVD., SUITE 300	CITY - ST - ZIP	
CITY - ST - ZIP	JACKSONVILLE, FL 32207		
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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: _____   1/12/04   904/398-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE