

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:33

DOCUMENT # A13060

1. Entity Name
 CROSSROADS APARTMENTS OF ORLANDO, LTD.



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

Mailing Address
 3740 BEACH BLVD., SUITE 300
 JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #
 1551 ATLANTIC BLVD
 Suite, Apt. #, etc.
 SUITE 300

3. Mailing Address
 P O BOX 47050
 Suite, Apt. #, etc.



01072008 Chg-LP CR2E003 (12/06)

City & State
 JACKSONVILLE, FL

City & State
 JACKSONVILLE, FL

4. FEI Number
 59-2235860

Applied For
 Not Applicable

Zip Country
 32207 DUVAL

Zip Country
 32247-7050 DUVAL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMETREE, JACK C
 3740 BEACH BLVD.
 SUITE 300
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1551 ATLANTIC BLVD, SUITE 300
 City JACKSONVILLE FL Zip Code 32207

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, 2008, 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

DOCUMENT # L99000001938
 NAME JCD CROSSROADS, L.L.C.
 STREET ADDRESS 3740 BEACH BLVD., SUITE 300
 CITY-ST-ZIP JACKSONVILLE, FL 32207

DOCUMENT # L99000001939
 NAME WCD CROSSROADS, L.L.C.
 STREET ADDRESS 3740 BEACH BLVD., SUITE 300
 CITY-ST-ZIP JACKSONVILLE, FL 32207

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1551 ATLANTIC BLVD, SUITE 300
 CITY-ST-ZIP JACKSONVILLE, FL 32207

STREET ADDRESS 1551 ATLANTIC BLVD, SUITE 300
 CITY-ST-ZIP JACKSONVILLE, FL 32207

STREET ADDRESS
 CITY-ST-ZIP 700119547437
 03/06/08--01013--023 **508.75

STREET ADDRESS
 CITY-ST-ZIP

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:

Jack C. Demetree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE