

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A13807</b>	
<b>1. Entity Name</b> CRT DEVELOPMENT, LTD.	

<b>Principal Place of Business</b> 3850 NW 118TH AVENUE CORAL SPRINGS FL 33065	<b>Mailing Address</b> 3850 NW 118TH AVENUE CORAL SPRINGS FL 33065
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 04-2703861	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
RICCI, WILLIAM J. % BAKER HILL INDUSTRIES 3850 N.W. 118TH AVENUE CORAL SPRINGS FL	

<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>SIGNATURE</b>	DATE
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<b>9. Capital Contributions as Shown on record.</b>	<b>\$150,000.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	RICCI, WILLIAM S.		
<b>STREET ADDRESS</b>	2840 N. OCEAN BLVD.		
<b>CITY-ST-ZIP</b>	FORT LAUDERDALE FL		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	MORLOCK, DIETER		
<b>STREET ADDRESS</b>	1203 CASEY KEY ROAD		
<b>CITY-ST-ZIP</b>	NOKOMIS FL 34275		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	MARTIN, ROBERT S.		
<b>STREET ADDRESS</b>	6 NICHOLAS CIRCLE		
<b>CITY-ST-ZIP</b>	ANDOVER MA		
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
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<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

U00000133662  
04/27/04-80097-009 535.00

**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**

<b>SIGNATURE:</b>	<i>Dieter B Morlock</i>	<b>DATE</b>	4-13-04	<b>DAYTIME PHONE #</b>	954-752-3090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE