## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## e

| Due By May 1, 2007  DOCUMENT # A20327  1. Entity Name CRYSTAL POINTE, LTD., LIMITED PARTNERSHIP |  |  |   | Apr-30, 2007 48:00 A Secretary of State  |             |                            |
|---|--|--|---|--|-------------|----------------------------|
|   |  |  |   |  | ecretar     | y of State                 |
| 400 S. FIFTI<br>4TH FLOOR   | Mailing Address FIFTH STREET FI |  |   |  | 1           | #                          |
| DO NOT WRITE IN THIS SPACE  |  |  |   | 04242007 No Chg-LP  4. FEI Number 31-1122046  5. Certificate of Status Desired |             | Applied For Not Applicable |
|   | 6. Name and Address of Current   | Registered Agent                                     |   |  | Fee F       | Required                   |
| SUITE 402<br>FT. LAUDI  | EDERAL HWY.  | r the purpose of changing its reg                    | istered office or register              | DO NOT WIN THIS SE   | PACE        | ar with, and accept        |
| SIGNATURE   | -  |  |   |  |             |                            |
| SIGNATURE   | Signature, typed or printed name of registered agent   | and title if applicable                              |   |  | DATE        |                            |
|   | FILE NOV<br>After May 1, 2   | VIIIFEE IS \$500.00<br>1007, Fee will be \$900.00    | o · · · · · · · · · · · · · · · · · · · |  | •           |                            |
|   | A GENERAL PARTNER T<br>NOTE: General Partners MA   | HAT IS A BUSINESS ENTIT<br>Y NOT be changed on the f | Y MUST BE REGIST<br>orm; an amendmen    | ERED AND ACTIVE WITH THE transfer and the filed to change a g                  | IIS OFFICE. |                            |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS                       | GENERAL PARTNER KONTOGIANNIS, GEORGE J. 400 S. 5TH ST.,4TH FLOOR COLUMBUS, OH  |  |   |  |             | 04<br>5-013 500.00         |
| CITY-SI-ZIP  DOCUMENT #  NAME  SIREET ADDRESS CITY-SI-ZIP  DOCUMENT #                           |  |  |   | DO NOT WI  |             |                            |
| NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS                                  |  |  |   | 11110 017  | ·           |                            |

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 employered to execute this report as required by Chapter 520, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER