

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24239**

1. Entity Name

**CROSSINGS SHOPPING VILLAGE ASSOCIATES LIMITED**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O CF PROPERTIES CORP. 1401 BRICKELL AVENUE, SUITE 530 MIAMI FL 33131	Mailing Address C/O CF PROPERTIES CORP. 1401 BRICKELL AVENUE, SUITE 530 MIAMI FL 33131-3501
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2785470**      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

**FRIEDMAN, MICHAEL DEAN, ESQ.**  
**C/O COHEN & FRIENDMAN, P.A.**  
**1401 BRICKELL AVENUE, SUITE 530**  
**MIAMI FL 33131**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,530,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      11. **MAKE CHECK PAYABLE TO 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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **FRIEDMAN, MICHAEL D**  
STREET ADDRESS **1401 BRICKELL AVENUE, SUITE 530**  
CITY - ST - ZIP **MIAMI FL 33131**

STREET ADDRESS **100003192391--4**  
CITY - ST - ZIP **02/21/00 01102 001**  
**\*\*\*526.25 \*\*\*526.25**

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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: **SIGNATURE REQUIRED**      3/13/00      305 372 9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #