

2001 UNIFORM BUSINESS REPORT (UBR)

0003924 AF

DOCUMENT # A24239

1. Entity Name

CROSSINGS SHOPPING VILLAGE ASSOCIATES LIMITED

FILED

01 MAR 15 PM 12:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

Mailing Address

**C/O CF PROPERTIES CORP.
1401 BRICKELL AVENUE, SUITE 500
MIAMI FL 33131**

**C/O CF PROPERTIES CORP.
1401 BRICKELL AVENUE, SUITE 500
MIAMI FL 33131**

2. Principal Place of Business

930 Washington Ave.

Suite, Apt. #, etc.

4th Floor

City & State
Miami Beach, Florida

Zip
33139-5084

Country
USA

3. Mailing Address

930 Washington Ave.

Suite, Apt. #, etc.

4th Floor

City & State
Miami Beach, Florida

Zip
33139-5084

Country
USA

DO NOT WRITE IN THIS SPACE

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 500
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)
930 Washington Avenue

4th Floor

City
Miami Beach

FL

Zip Code
33139-5084

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
STREET ADDRESS
CITY-ST-ZIP
**FRIEDMAN, MICHAEL D
1401 BRICKELL AVENUE, SUITE 500
MIAMI FL 33131**

STREET ADDRESS
CITY-ST-ZIP
**930 Washington Avenue, 4th Floor
Miami Beach, Florida 33139-5084**

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CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/01

(305) 674-7300

Date

Daytime Phone #

CR2E003 (11/00)