

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 16 PM 1:41

1. Name of Limited Partnership <b>CROWN SQUARE I, LTD.</b>		1a. DOCUMENT # <b>A29217</b> <i>97-AR 6M</i>	
Mailing Address <b>P.O. BOX 118 SANFORD FL 32772</b>		Principal Office Address <b>P.O. BOX 118 SANFORD FL 32772</b>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered <b>11/13/1989</b>		3a. Date of Last Report <b>09/20/1995</b>	
4. State or Country of Formation <b>FL</b>		5a. Capital Contributions as Shown on record. <b>\$2,000.00</b> 5b. Amount of Capital Contributions in FLORIDA to date:	
6. FEI Number <b>59-2978758</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	



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9. Name and Address of Current Registered Agent <b>FEINBERG, IRVING 107 CRYSTAL VIEW EAST P.O. BOX 118 SANFORD, FL FL 32772</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>FEINBERG, IRVING TRUSTEE</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>POST OFFICE BOX 118 N</b>	11b. City, State & Zip Code <b>SANFORD FL 32771</b>	11c. Registration/Document Number
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Irving Feinberg* DATE *Sept. 11, 1996*  
Typed or Printed Name of General Partner Signing Form **IRVING FEINBERG** Daytime Telephone Number **407-322-1539**

CR2E003 (6/96)