


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
AND  
FILED

04 MAY 10 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A30267</b> 1. Entity Name <b>CROWNPOINTE COMMERCE PARK, LTD.</b>	
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Principal Place of Business <b>3003 TAMiami TRAIL NORTH, SUITE 400</b> <b>NAPLES, FL 34103</b>	Mailing Address <b>3003 TAMiami TRAIL NORTH, SUITE 400</b> <b>NAPLES, FL 34103</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



04272004    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>65-0201913</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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<b>6. Name and Address of Current Registered Agent</b>  <b>CORINA, ROBERT D</b> <b>3003 TAMiami TRAIL NORTH, SUITE 400</b> <b>NAPLES, FL 34103</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. <b>\$10,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$10,000,000.00</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
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
L56855 COLLIER MANAGEMENT SERVICES INC. 3003 TAMiami TR N. NAPLES, FL 34103	<b>3003 TAMiami TRAIL NORTH, SUITE 400</b> <b>NAPLES FL 34103</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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	<b>400037437194</b> <b>06/01/04--01014--020 **526.25</b>
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STAPLE CHECK HERE

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:** Robert D. Corina    **4/30/04**    **239-261-4455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #