

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

| | | | | | |
|--|----------------------------------|---|---|--|--|
| DOCUMENT # A30267 1. Entity Name CROWNPOINTE COMMERCE PARK, LTD. | | | | | |
| Principal Place of Business 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES, FL 34103 | | | Mailing Address 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES, FL 34103 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 01292008 Chg-LP CR2E003 (12/06) | | | | 4. FEI Number 65-0201913 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent TAFT, ELEANOR W 3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES, FL 34103 | | | 7. Name and Address of New Registered Agent Name CORINA, ROBERT D. Street Address (P.O. Box Number is Not Acceptable) 3003 TAMiami TRAIL NORTH, STE 400 City NAPLES FL Zip Code 34103 | | |
| 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 Robert D. Corina DATE 4-11-08 <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 | | | | | |
| 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 # | L56855 | | STREET ADDRESS | 400128735234 | |
| NAME | COLLIER MANAGEMENT SERVICES INC. | | CITY-ST-ZIP | 05/07/08--01011--020 **\$500.00 | |
| STREET ADDRESS | 3003 TAMiami TR N, STE 400 | | | | |
| CITY-ST-ZIP | NAPLES, FL 34103 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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 empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | |
| SIGNATURE: Robert D. Corina <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | DATE 4-11-08 DAYTIME PHONE # (239) 261-4455 <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE