

**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**

96 NOV 25 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A31032**

**CROSSROADS ALLIANCE, L.P., A DELAWARE LIMITED  
PARTNERSHIP**



9/12/94

Mailing Address

Principal Office Address

~~INDEPENDENT DEVELOPMENT COMPANY, INC.~~  
~~1 CIVIC PLAZA, STE. 100~~  
~~NEWPORT BEACH, CA 92660~~

~~INDEPENDENT DEVELOPMENT COMPANY, INC.~~  
~~1 CIVIC PLAZA, STE. 100~~  
~~NEWPORT BEACH, CA 92660~~

3. Date Formed or Registered

12/31/1990

5a. Capital Contributions as  
Shown on record.

**\$7,500.00**

3a. Date of Last Report

11/13/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

DE

6. FEI Number

33-0318916

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address

1216 N. Tustin Avenue

2a. Principal Office Address

1216 N. Tustin Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange, CA

City & State

Orange, CA

Zip

Country

92867

USA

Zip

Country

92867

USA

9. Name and Address of Current Registered Agent

**WILLIAMS, JIMMIE D**  
**1515 MICHIGAN AVENUE**  
**KISSIMMEE FL 34744**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

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)

**G. WILLIAM MILLER & CO.**  
**INDEPENDENT DEV. CO.L.P.**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1215 19TH STREET, N.W.  
~~1 CIVIC PLAZA, STE. 1~~  
1216 N. Tustin Ave.

11b. City, State & Zip Code

WASHINGTON DC  
~~NEWPORT BEACH, CA~~  
Orange, CA 92867

11c. Registration/  
Document Number

P36995  
A31279

100002022621--2  
-12/06/96--01092--015  
\*\*\*\*191.25 \*\*\*\*191.25

**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

*Richard A. Gumpert*

DATE 11-5-94

Typed or Printed Name of General Partner Signing Form

Richard A. Gumpert

Daytime Telephone Number

714-288-6840

CR2E003 (6/96)