2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due By May 1, 2006 Jan 11, 2006 08:00 AM Secretary of State DOCUMENT # A94000000958 CROSSROAD 97-41, LTD. Principal Place of Business Mailing Address 7775 N.W. 48TH STREET, #110 7775 N.W. 48TH STREET, #110 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 01042006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0506939 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZINN, RICHARD 7775 N.W. 48TH STREET, #110 MIAMI, FL 33166 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P94000047643 STREET ADDRESS RSZ CORP. NAME STREET ADDRESS 7775 N.W. 48TH STREET, #110 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS HAME STREET ADDRESS CITY+ST-7IP STAPLE CHECK HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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:

CITY-ST-ZIP

KI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard Zinn

1/4/06

305-477-0016

Date

Daytime Phone #

FILED