

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**DOCUMENT # A95000000794**

1. Entity Name

THE MSC FAMILY PARTNERSHIP, LTD.



**FILED**

04 FEB -3 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

Principal Place of Business  
7694 LA CORNICHE CIRCLE  
BOCA RATON FL 33433

Mailing Address  
7694 LA CORNICHE CIRCLE  
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2/3

MOORE

CR2E003 (11/03)

4. FEI Number

65-0591852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSSFAM INVESTMENTS, INC.  
C/O JOEL CROSS  
7694 LA CORNICHE CIRCLE  
BOCA RATON FL 33433

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$9,391,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

3,173,654

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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

DOCUMENT # P95000028084  
NAME CROSSFAM INVESTMENTS, INC.  
STREET ADDRESS 7694 LA CORNICHE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33433

DOCUMENT #  
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CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600029110836  
02/20/04--01020--008 \*\*88.75

600029110836  
02/20/04--01020--009 \*\*437.50

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joel S. Cross

2/2/04 (561) 395-0051

Date

Daytime Phone #

STAPLE CHECK HERE