

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012136 AT

DOCUMENT # **A95000000794**

1. Entity Name  
**THE MSC FAMILY PARTNERSHIP, LTD.**



**FILED**

**03 APR -8 AM 7:12**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

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

**DUE BY MAY 1, 2003**

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. **2,341,532**

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

**100014385934**  
**03/20/03--01008--004 \*\*437.50**

DOCUMENT #  
NAME  
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**100014385934**  
**04/08/03--01031--021 \*\*88.75**

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STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

**JOEL CROSS** **3/16/03** **702-3980**

CR2E003 (10/02)