

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000637**

1. Entity Name

CROSS CREEK CENTRE ASSOCIATES, LTD.

FILED

00 APR -6 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
337 EAST INDIANTOWN ROAD, SUITE 8
JUPITER FL 33477

Mailing Address
337 EAST INDIANTOWN ROAD, SUITE 8
JUPITER FL 33477-5073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0650537		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GERSON, GARY N 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH FL 33401				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	P96000028655	STREET ADDRESS	
NAME	CCAGP, INC.	CITY - ST - ZIP	
STREET ADDRESS	337 EAST INDIANTOWN ROAD, SUITE 8		
CITY - ST - ZIP	JUPITER FL 33477		
DOCUMENT #		STREET ADDRESS	900003216979--0
NAME		CITY - ST - ZIP	-04/20/00--01088--011
STREET ADDRESS			*****535.00 *****535.00
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/26/00 581 745 8900
 Date Daytime Phone #

CR2E003 (9/99)