

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000000637

1. Entity Name
CROSS CREEK CENTRE ASSOCIATES, LTD.



Principal Place of Business
580 VILLAGE BLVD., STE. 300
WEST PALM BEACH, FL 33409-1953

Mailing Address
580 VILLAGE BLVD., STE. 300
WEST PALM BEACH, FL 33409-1953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252004

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0650537

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Stewart F. Denholtz
 Street Address (P.O. Box Number is Not Acceptable)
580 Village Blvd, Suite 300
 City **West Palm Beach** **FL** Zip Code **33409**

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. **\$1,100,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # **P96000028655**
 NAME **CCAGP, INC.**
 STREET ADDRESS **337 EAST INDIANTOWN ROAD, SUITE 8**
 CITY-ST-ZIP **JUPITER, FL 33477**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100036073211
05/11/04--01091--020 **535.00

[Handwritten signature]

STAPLE CHECK HERE

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 #

FILED

04 APR 29 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

