

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 22 AM 8:59

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	02142005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0650537				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DENHOLTZ, STEWART F			Name		
580 VILLAGE BLVD., STE. 300			Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH, FL 33409-1953			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000028655		STREET ADDRESS		
NAME	CCAGP, INC.		CITY-ST-ZIP		
STREET ADDRESS	337 EAST INDIANTOWN ROAD, SUITE 8		STREET ADDRESS	700047580857	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	03/02/05--01009--008 **8.75	
DOCUMENT #			STREET ADDRESS	700047580857	
NAME			CITY-ST-ZIP	03/02/05 01009 009 **50.25	
STREET ADDRESS			STREET ADDRESS	700047580857	
CITY-ST-ZIP			CITY-ST-ZIP	03/02/05--01009--010 **476.00	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			732-388-3000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE