


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 8:41

DOCUMENT # A96000000874 1. Entity Name CUTLER RIDGE REGIONAL CENTER, LTD.					
Principal Place of Business 11900 BISCAYNE BLVD. STE #801 NORTH MIAMI, FL 33181				Mailing Address 11900 BISCAYNE BLVD. STE #801 NORTH MIAMI, FL 33181	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C.R.S.A., INC. 11900 BISCAYNE BLVD, STE #801 NORTH MIAMI, FL 33181				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			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 #	P95000076148			STREET ADDRESS	
NAME	C.R.S.A., INC.			CITY-ST-ZIP	
STREET ADDRESS	11900 BISCAYNE BLVD, STE #801				
CITY-ST-ZIP	NORTH MIAMI, FL 33181				
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date <i>3-23-05</i> Daytime Phone # <i>305 899-8887</i>	

STATE OF FLORIDA

[Handwritten mark]



03172005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-1266838** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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04/05/05--01012--023 **141.25