2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Apr 09, 2005 08:00 AM Secretary of State

DOCUMENT # A98000002643  1. Entity Name CRP LTD. PARTNERSHIP					Secretary of State		
Principal Place of Business FIRST NAT'L BANK OF S MIAMI 5750 SUNSET DR. MIAMI, FL 33143		Mailing Address FIRST NAT'L BANK OF S MIAMI 5750 SUNSET DR. MIAMI, FL 33143		)		1/// 8 17//: 18 1//8 1/8/18 18/// 18/18 18/// 18/18/8 18//	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #. etc		Suite, Apt. # etc.			01172005	Chg-LP	CR2E003 (10/03)
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0883		Applied For Not Applicable
Zip	Country	Zip	Coun	îry	5. Certificate o	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent		Name	7. Name and	Address of New !	Registered Agent
CHRYSTAL, NEIL R ESQ. C/O DUNWODY WHITE & LANDON, P.A. 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134					PO Box Number	r is Not Acceptabl	FL Zip Code
8. The above the obligati	named entity submits this statement ons of registered agent	for the purpose of changing it	ls registero	ed affice ar register	ed agent, or both	in the State of F)	orida. I am familiar with, and accep
SIGNATURE -	Signature, typed of printed name of registered age	rr and title if applicable			<del></del>		DATE
9. Capital Cor as Shown o	n record. \$4,000,000.00	10. Amount of Cap in FLORIDA to (	date				
	NOTE: General Partners M		the form	JST BE REGIST ; an amendmen	ERED AND AC it must be filed	to change a g	eneral partner.
DOCUMENT					<del></del>	ADDRESS CH	ANGES ONLY
NAME STREET ADDRESS CITY-ST-ZIP	CRP CORPORATION 260 HARBOR DRIVE	•	-1	ST-716	·	н	
DOCUMENT#	KEY BISCĄYNE, FL 33149		STRF:	T ADJRESS	<del></del>	U0000	0294840 -80005-006 <b>526.</b> 25
STREET ADDRESS CITY-ST-ZIP			City	Si - ZIP			-844445-4 <del>45.25</del>
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DOCUMENT # NAME			SIR's	: AUDHESS			
STREET ADDRESS CITY-ST-ZIP 14. I hereby co	ertify that the information supplied wi	h this filing does not qualify fo	or the exem	SI-ZIP	ction 119 ປໍ້7ໃໝ່ຕົ	Florida Statutes	I further certify that the information
indicated o	on this report is true and accurate and or trustee empowered to execute I	d that my signature shall have	ettic same.	legal effer as if m	ade under oath, t	hat I am a Gonera	al Partner of the limited partnership o
SIGNATI	JRE: SUZZHAMAHERNA PAPED O	ganne Post	AL WINDOW	Corrorati	ion.	010110	Dayume Phone #