


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010063 AT

DOCUMENT # A98000002643	
1. Entity Name CRP LTD. PARTNERSHIP	

FILED
03 APR 22 AM 8:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 65-0883684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHRYSTAL, NEIL R ESQ. C/O DUNWODY WHITE & LANDON, P.A. 550 BILTMORE WAY, SUITE 810 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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
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9. Capital Contributions as Shown on record. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000060339
NAME	CRP CORPORATION
STREET ADDRESS	260 HARBOR DRIVE
CITY-ST-ZIP	KEY BISCAINE FL 33149
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	700016663157 04/22/03 01042 021 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 Pres. of CRP Corp / General Partner	DATE: April 9, 2003	DAYTIME PHONE #: 205-361-2577
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CR2E003 (10/02)

STAPLE CHECK HERE