


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # B00000000195		
1. Entity Name CROSSBOW VENTURE PARTNERS LP		

Principal Place of Business ONE NORTH CLEMATIS ST., STE. 510 WEST PALM BEACH, FL 33401	Mailing Address ONE NORTH CLEMATIS ST., STE. 510 WEST PALM BEACH, FL 33401
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05022005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0954244	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WARNER, STEPHEN J ONE NORTH CLEMATIS, STE. 510 WEST PALM BEACH, FL 33401		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000072057 CROSSBOW VENTURE PARTNERS CORP ONE NORTH CLEMATIS ST., STE. 510 WEST PALM BEACH, FL 33401	STREET ADDRESS CITY-ST-ZIP	 U000000367337 05/16/05-00032-003 526.25
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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: _____ **4.20.05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE