2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

	DOCUMENT # B9800000219 1. Entity Name CROCKER OPERATING PARTNERSHIP, L.P.			N N N N N N N N N N N N N N N N N N N		2004 APR 27 A 9: 39			
	Principal Place of Business Mai 15 EAST NORTH STREET 22			Mailing Address 225 NE MIZNER BLVD, STE. 200 BOCA RATON, FL 33432		SECR TALLA	ETARY OF S HASSEE, FL		85 1 (1818 (81)81) 81 (88)
	Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address // 700 Great Cats Way Suite, Apt. #, etc.						
			Suite 340		01222004	Chg-LP	CR2E003	(10/03)	
	City & State		Alphanotta, GA		Δ	4. FEI Number 65-0794			Applied For Not Applicable
	Zip	Country	Zfp Country			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent								
	CORPORATION SERVICE COMPANY *1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name				
-				S	Street Address (P.O. Box Number is Not Acceptable)				
	INEGNING	30EE, I E 32301-2323							
	/			0	City	FL Zip Cod			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 Signature, typed or printed name of registered agent and title if applicable.				·			DATE	
	9. Capital Contributions as Shown on record. \$50,000,000.00 in FLORIDA to date. 19,177,524,00								
	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.								
Ì	12.	GENERAL PARTNER INFORMATION			ADDRESS CHANGES ONLY				
 	DOCUMENT # NAME STREET ADDRESS	R97000006411 CROCKER REALTY TRUST INC. 225 NS. MIZNER BLVD, STE. 200 BOCA RATON, FL 33432			DORESS OF	ARthenon	Realty	11700	Great OAKS WAY
	CITY-ST-ZIP				^{ZIP} HO	haretta.	GA 30	022	
	DOCUMENT / NAME	KRONUS PROPER GO PARTHENON A	STREET AL	DORESS			art,		
	STREET ADDRESS CITY-ST-ZIP	11700 GREAT OAKS WAY		CITY-ST-	ZIP	·	·		
	DOCUMENT # * * NAME	ALPHARETIA, GA 30022			DDRESS	E1	7003 <u>4</u>	nzen	TEE I
	STREET ADDRESS CITY-ST-ZIP				ZIP	04/2	7/040103	6015	**526.25
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STAPLE CHECK HERE	STREET ADDRESS CITY-ST-ZIP				ZIP				
	DOCUMENT # NAME	55			DDRESS -		·		
	STREET_ADDRESS CITY-ST-ZIP				ZIP				<u>.</u>
	DOCUMENT / NAME		•	street ac	DDRESS				
	STREET ADDRESS CITY-ST-ZIP				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								

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