

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0003905 AV

DOCUMENT # B98000000219

1. Entity Name  
CROCKER OPERATING PARTNERSHIP, L.P.



03 APR -2 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
15 EAST NORTH STREET  
DOVER DE 19903

Mailing Address  
433 PLAZA REAL SUITE 335  
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

225 NE Mizan Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton FL

Zip

33432

Country

DUE BY MAY 1, 2003

City & State

Zip

Country

4. FEI Number 65-0794441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$50,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 19,177,524.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F97000006411  
NAME CROCKER REALTY TRUST INC.  
STREET ADDRESS 433 PLAZA REAL, SUITE 335  
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS 225 NE Mizan Blvd., Suite 200  
CITY-ST-ZIP Boca Raton, FL 33432

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 900015177719  
CITY-ST-ZIP 04/02/03--01053--013 \*\*526.25

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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

3/25/03

561-395-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)