


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000286
 1. Entity Name
 HORSE CREEK PROPERTIES, LTD.



Principal Place of Business Mailing Address
 3001 TAMiami TRAIL NORTH, SUITE 207 3001 TAMiami TRAIL NORTH, SUITE 207
 NAPLES, FL 34103 NAPLES, FL 34103

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



01132004 Chg-LP CR2E003 (10/03)
 4. FEI Number Applied For
 03-0400680 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PERKOVICH, JOSEPH I
 3001 TAMiami TRAIL NORTH, SUITE 207
 NAPLES, FL 34103

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$12,500,000.00
 10. Amount of Capital Contributions in FLORIDA to date \$12,500,000.00

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000095461	STREET ADDRESS	
NAME	PJC & ASSOCIATES, INC.	CITY - ST - ZIP	
STREET ADDRESS	3001 TAMiami TRAIL NORTH, SUITE 207		
CITY - ST - ZIP	NAPLES, FL 34103		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STAPLE CHECK HERE

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: Deborah L. Kurtyka Deborah L. Kurtyka, Treasurer 4/30/04 (239)434-4079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #