


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004816 AV

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

FILED

03 MAY -5 PM 7:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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



2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 03-0400680	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

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	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	
DOCUMENT #	P97000095461
NAME	PJC & ASSOCIATES, INC.
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH, SUITE 207
CITY-ST-ZIP	NAPLES FL 34103
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	700018005917
CITY-ST-ZIP	05/05/03--01053--018 **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: *Joseph I. Perkovich* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Joseph I. Perkovich, Vice President** **4/30/03** **239-435-1122**
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)