


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Feb 06, 2007 08:00 AM
Secretary of State**

DOCUMENT # B93000000221		
1. Entity Name CREEKWOOD SAVANNAH LIMITED PARTNERSHIP		

Principal Place of Business 4949 WESTGROVE DR. #100 DALLAS, TX 75248	Mailing Address 4949 WESTGROVE DR. #100 DALLAS, TX 75248
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LP CR2E003 (12/06)

4. FEI Number 72-1240679	Applied For 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 INCORPORATING SERVICES, LTD 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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	
DOCUMENT #	F93000002349
NAME	CORAL SPRINGS PROPERTY CORPORATION
STREET ADDRESS	4949 WESTGROVE DR. STE.100
CITY-ST-ZIP	DALLAS, TX 75248
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000624567
02/14/07-80040-009 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Neil Lorange</u>	Date: <u>1/23/07</u>	Daytime Phone #: <u>972-447-9035</u>
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