

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -4 AM 11:57

DOCUMENT # A01348

1. Entity Name
 SPRING CREEK VILLAGES, LTD.



Principal Place of Business

3591 FOWLER STREET
 (P. O. BOX 6966)
 FT MYERS FL, 33911

Mailing Address

3591 FOWLER STREET
 (P. O. BOX 6966)
 FT MYERS FL, 33911

2. Principal Place of Business
 8359 BEACON BLVD

3. Mailing Address
 P.O. BOX 6966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004 Chg-LP CR2E003 (10/03)



City & State
 FORT MYERS

City & State
 FORT MYERS

4. FEI Number
 59-1314736

Applied For
 Not Applicable

Zip
 33907

Country

Zip
 33911

Country

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

CRONIN, THOMAS R.
 3591 FOWLER
 FT. MYERS, FL, FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)
 8359 BEACON BLVD

City
 FORT MYERS

FL Zip Code
 33907

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. \$218,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # 431888
 NAME FLORDECO, INC.
 STREET ADDRESS 3591 FOWLER STREET
 CITY-ST-ZIP FORT MYERS, FL 33901

13. ADDRESS CHANGES ONLY

STREET ADDRESS 8359 BEACON BLVD
 CITY-ST-ZIP FORT MEYRS, FL 33907

DOCUMENT #
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200030864002
 03/22/04 01002 026 **526.25

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:

ALLAN FOX Pres. Flordeco Inc.
 ALLAN FOX

Date

Daytime Phone #

2/27/04 239-936-8888

STAPLE CHECK HERE