2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **Due By May 1, 2006** FILED DOCUMENT # A01348 06 HAY -1 AH 11: 18 SPRING CREEK VILLAGES, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 8359 BEACON BLVD P.O. BOX 6966 FT MYERS FL, FL 33907 FORT MEYERS, FL 33911 3. Mailing Address 8355 BEACON BLVD 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 Chg-LP CR2E003 (11/05) City & State FT HYEKS City & State 4. FEI Number Applied For 59-1314736 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 390-LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRONIN, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD FT. MYERS, FL, FL 33907 City 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12 13. ADDRESS CHANGES ONLY DOCUMENT # 431888 STREET ADDRESS FLORDECO, INC. NAME STREET ADDRESS 8359 BEACON BLVD CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-7tP DOCUMENT # STREET ADDRESS NAME **400075029884** 05/22/06--01045--018 \*\*\*508.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 poport as required by Chapter 620, Florida Statutes

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4

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DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

A JUMMS N VIOTES TLOUDECO, INC. T. C. CROMM, CFO, 4/25/06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER