

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001336

1. Entity Name
BLACK CREEK, LLLP



Principal Place of Business
**C/O S. BRYAN JENNINGS
107 RIVER RD.
ORANGE PARK, FL 32073**

Mailing Address
**C/O S. BRYAN JENNINGS
107 RIVER RD.
ORANGE PARK, FL 32073**



01312006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2297212

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HORNE, BONNIE C
10 MARIA PLACE
PONTE VEDRA BEACH, FL 32082**

**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

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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P02000103231**
NAME **BLACK CREEK INVESTMENTS, INC.**
STREET ADDRESS **10 MARIA PLACE**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

DOCUMENT #
NAME **JENNINGS, S. BRYAN JR.**
STREET ADDRESS **107 RIVER RD.**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

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02/13/06-80080-011 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2 Feb 06 (904) 264-1665

STAPLE CHECK HERE