


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 FEB 28 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001336 1. Entity Name BLACK CREEK, LLLP	
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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
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2. Principal Place of Business - No P.O. Box # 10 Maria Place Suite, Apt. #, etc.	3. Mailing Address 10 Maria Place Suite, Apt. #, etc.
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City & State Ponte Vedra Bch, FL Zip 32082	Country	City & State Ponte Vedra Bch, FL Zip 32082	Country
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6. Name and Address of Current Registered Agent HORNE, BONNIE C 10 MARIA PLACE PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000103231	STREET ADDRESS	
NAME	BLACK CREEK INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	10 MARIA PLACE		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
DOCUMENT #	JENNINGS, S. BRYAN JR.	STREET ADDRESS	
NAME	107 RIVER RD.	CITY-ST-ZIP	
STREET ADDRESS	ORANGE PARK, FL 32073		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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: Bonnie C Horne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 2/26/07 Daytime Phone # _____

STAPLE CHECK HERE