#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

# FILED Jan 18, 2008 08:00 AM Secretary of State

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1. Entity Name CREATIVE DEVELOPERS, LTD.



Principal Place of Business

CORAL GABLES, FL 33067

5401 UNVERSITY DR SUITE 103 Mailing Address

5401 UNVERSITY DR

SUITE 103

CORAL GABLES, FL 33067



### DO NOT WRITE IN THIS SPACE

01092008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2010797

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENNINGS & VALANCY 311 SE 13TH STREET FORT LAUDERDALE, FL 33316

### 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.	HAARMATIAA

U000000789798

SIGNATURE -

Signature, typed or printed name of registered agent and title if applicable.

<del>-01/23/08-80008-007-508</del>.7

#### FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 ₽	572226						
NAME	M.S.L. PROPERTY MANAGEMENT, INC						
STREET ADDRESS	5401 UNIVERSITY DRIVE #103						
CITY-ST-ZIP	CORAL GABLES, FL 33067						
DOCUMENT #							
NAME							
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NAME							
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CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify to							
	DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP OOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP						

## 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 empoyered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTN

Date

Daytime Phone #