

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016661 AT

DOCUMENT # A02697

1. Entity Name  
CREEKWOOD INVESTORS, LTD.Principal Place of Business  
7110 FAIRWAY BEND LANE., #286  
SARASOTA FL 34243Mailing Address  
7110 FAIRWAY BEND LANE., #286  
SARASOTA FL 34243

FILED

03 JAN 15 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number 59-1497686

Applied For

Not Applicable

Zip

Country

Zip

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

DESCHAMPS, ENGLISH S III  
1812 MANATEE AVENUE WEST  
BRADENTON FL 34205

Name

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

City

FL

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

DATE

9. Capital Contributions  
as Shown on record. \$1,657,163.0010. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**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 #  
NAME ENGLISH S. DESCHAMPS, III AND BETTE JANE  
STREET ADDRESS 7512 RIVERVIEW DRIVE NW  
CITY-ST-ZIP BRADENTON FL 34209STREET ADDRESS  
CITY-ST-ZIP  
000010126810  
01/15/03--01046--009 \*\*526.25DOCUMENT #  
NAME DOSS, JAMES M.  
STREET ADDRESS 11 TIDY ISLAND BLVD.  
CITY-ST-ZIP BRADENTON FL 34210

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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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 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: *Charles M. Doss* **ATTY-IN-FACT FOR JAMES M. DOSS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **SEMAN & English Deschamps** 1-6-03 941-351-6986  
Date Daytime Phone #

CR2E003 (10/02)