

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:00

DOCUMENT # A03000000363

1. Entity Name
 LION CREEK PROPERTIES, LTD., LLP



Principal Place of Business
 300 FIRST AVENUE SOUTH
 ST. PETERSBURG, FL 33701

Mailing Address
 AMA C/O D. GRAYSON
 450 CARILLON PKWY, STE 200
 ST. PETERSBURG, FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number
 37-1460831

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

GRAYSON, DARLENE
 300 FIRST AVENUE SOUTH
 ST. PETERSBURG, FL 33701

Name GRAYSON, DARLENE
 Street Address (P.O. Box Number is Not Acceptable)
 450 CARILLON PKWY, STE. 200
 City ST. PETERSBURG FL Zip Code 33716

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P03000010085
 NAME MACKENZIE RIVER, INC.
 STREET ADDRESS 300 FIRST AVENUE SOUTH
 CITY-ST-ZIP ST. PETERSBURG, FL 33701

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

500074071385
 05/05/06--01038--023 **\$08.75

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 #

STAPLE CHECK HERE

4-6-06