

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 17 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112007 Chg-LP CR2E003 (12/06)

4. FEI Number **37-1460831** Applied For ☐  
Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**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 - No P.O. Box #  
**520 4TH ST. N.**

Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG, FL**

Zip  
**33701** Country  
**USA**

3. Mailing Address

6. Name and Address of Current Registered Agent  
**GRAYSON, DARLENE  
% ASSET MGT ADVISORS  
450 CARILLON PKWY STE 200  
ST. PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ 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 #	<b>P03000010085</b>	STREET ADDRESS	<b>520 4TH ST. N.</b>
NAME	<b>MACKENZIE RIVER, INC.</b>	CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33701</b>
STREET ADDRESS	<b>300 FIRST AVENUE SOUTH</b>		
CITY - ST - ZIP	<b>ST. PETERSBURG, FL 33701</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	<b>500101613915</b>
STREET ADDRESS			<b>05/04/07--01046--003 **508.75</b>
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: \_\_\_\_\_ **3-25-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE