

2005 LIMITED PARTNERSHIP ANNUAL REPORT


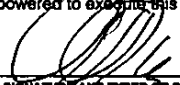
Due By May 1, 2005

FILED

2005 APR -8 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|---|----------------------------|-----|---|--|-----------------|
| DOCUMENT # A03000001577 | | | |  | |
| 1. Entity Name THOMAS CREEK PLANTATION, LTD. | | | | | |
| Principal Place of Business 2110 HERSCHEL STREET JACKSONVILLE, FL 32204 | | | Mailing Address 2110 HERSCHEL STREET JACKSONVILLE, FL 32204 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number APPLIED FOR | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOBRANO, THOMAS S III 2110 HERSCHEL STREET JACKSONVILLE, FL 32204 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$304,800.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 # | L03000042814 | | STREET ADDRESS | | |
| NAME | TSL REALTY MANAGEMENT, LLC | | CITY-ST-ZIP | | |
| STREET ADDRESS | 2110 HERSCHEL STREET | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32204 | | | | |
| DOCUMENT # | | | STREET ADDRESS | 200054015162 | |
| NAME | | | CITY-ST-ZIP | 05/06/05--01065--013 **150.00 | |
| STREET ADDRESS | | | | | |
| 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 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:  | | | Tom S. Lobrano | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | 04/06/05 | | 904-388-5002 |
| | | | Date | | Daytime Phone # |

STAPLE CHECK HERE