

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A06000001186

1. Entity Name

CREEKWOOD ACQUISITION, LTD.



207 FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:20

Principal Place of Business Mailing Address
C/O NEWPORT PROPERTY VENTURES, LTD. C/O NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BLVD., SUITE 202 3211 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134 CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E003 (10/07)

4. FEI Number 56-2602756 Applied For
Not Applicable

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

LEVENSON, FREDERIC
WHITE & CASE, LLP
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131

Name

Martini, Gregory T.

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

2655 LeJeune Road, STE 1101

City

Coral Gables

FL

Zip Code

33134

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]

Signature, printed name of registered agent and first applicable

2/20/2008

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # L06000098725
NAME CREEKWOOD, LLC
STREET ADDRESS 3211 PONCE DE LEON BLVD., SUITE 202
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

300129587883
05/15/08--01012--008 **500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Constantine J. Scurtis

2/19/08

(305) 446-0010

Date

Daytime Phone

STAPLE CHECK HERE