


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # A06755 1. Entity Name ZANE GREY CREEK LIMITED					
Principal Place of Business P.O. BOX 911 LONG KEY FL 33001			Mailing Address 288 SHE CREEK LANE CLAYTON GA 30525		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAVITZ, HAROLD P 7600 W. 20TH AVE. HIALEAH FL 33016			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 date if applicable</small>					
9. Capital Contributions as Shown on record. \$175,000.00		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 #	NAME		STREET ADDRESS		
NAME	RILEY, PETER E		CITY-ST-ZIP		
STREET ADDRESS	100 PRIMROSE LANE		CITY-ST-ZIP		
CITY-ST-ZIP	LAYTON FL 33001		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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1ST MOORE CR2E003 (10/04)

4. FEI Number **59-2001437** Applied For ☐ Not Applicable


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

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

**U000000208674
02/02/05-80003-020 526.25**

STAPLE CHECK HERE

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:  **PETER E RILEY** (706) 782-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #