

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A07199

1. Entity Name
SILVER CREEK APARTMENTS, LTD.



FILED

07 JUN -1 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1775 BROADWAY, 23RD FLOOR
 NEW YORK, NY 10019

Mailing Address
 ATTN: KATHRYN MANSFIELD
 3100 MONTICELLO AVE., SUITE 200
 DALLAS, TX 75205



2. Principal Place of Business - No P.O. Box #
 423 West 5th Street, 12th Fl.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05102007 Chg-LP CR2E003 (12/06)

City & State
 New York, NY
 Zip
 10019

City & State

4. FEI Number
 74-2912128

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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

DOCUMENT # P02000029261
 NAME 5600 GP, INC.
 STREET ADDRESS 3100 MONTICELLO AVE., STE. 200
 CITY-ST-ZIP DALLAS, TX 75205

13. ADDRESS CHANGES ONLY

STREET ADDRESS
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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:

Kathryn Mansfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/15/2007

24-599-2200

Date

Daytime Phone #

STAPLE CHECK HERE

PA