

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
CORPORATIONS

04 APR -5 AM 10:42

DOCUMENT # A14402

1. Entity Name
BUCKHORN CREEK, LTD.



Principal Place of Business
**HIGHWAY 77 SOUTH
P.O. BOX 277
CHIPLEY, FL 32428**

Mailing Address
**HIGHWAY 77 SOUTH
P.O. BOX 277
CHIPLEY, FL 32428**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2401281

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PIERCE, FRANK A.
#1 HIGHWAY 77 S.
CHIPLEY, FL 32428**

Name

Marsha Mongoven

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

1482 Main St.

P. O. Box 277

City

Chipley,

FL

Zip Code
32428

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 Marsha Mongoven, President

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

Marsha Mongoven, Pres.

DATE **4/1/2004**

9. Capital Contributions
as Shown on record.

125,837.00

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 # **G26356**
NAME **N.W.FLA.LAND DEVELOPMENT**
STREET ADDRESS **HWY. 77 SOUTH PO BX. 277**
CITY-ST-ZIP **CHIPLEY, FL**

STREET ADDRESS

CITY-ST-ZIP

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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: *Marsha Mongoven President*
Marsha Mongoven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/2004

Date

850-638-7606

Daytime Phone #

STAPLE CHECK HERE