2005 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETAGILED

Series S	Due By May 1, 2005					DIVISION DE CORE STATE
1. Entity Name BULE'S CREEK DEVELOPMENT LIMITED 1. Mailing Address 1. Mailing Address 1. State April 4. etc. 1. State April 5. etc. 1. State April 6. etc. 1. State April 7. etc. 1. State April 7. etc. 1. State April 7. etc. 1. State April 8. etc. 2. Process 3. Mailing Address 3. Mailing Address 3. Application 3. State April 8. etc. 4. State April 8. etc. 4. State April 8. etc. 5. State April 8. e	DOCUMENT # A20171					TOTAL OF CURPORATIONS
SSABA N.W. 43 STREET GAINESVILLE, FL 32653 Suite. App. 4, etc. Suite.	1. Entity Name					05 MAR 25 AM 10: 14
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Zip Country Zip Country 5. Certificate of Status Desired 2 Status Desired 2 Status Desired 2 Status Desired 3 Status Desired 3 Status Desired 4 Sent 2 Status Desired 4 Sent 2 Status Desired 4 Sent 2 Sent Required 4 Sent 2 Sent Registered 4 Sent 2 Sent Required 4 Sent 2 Sent Registered 4						, , , , , , , , , , , , , , , , , , , ,
S. Cernical Status General Personal Address of Current Registered Agent 7. Name and Address of New Registered						59-2779761 Not Applicab
ROSS, LARRY 5538-A N.W. 43 STREET GAINESVILLE, FL 32653 City FL City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or your fagorated agent and	Zip			Cour	ntry	Fee Required
ROSS, LARRY SSSBA-A N.W. 43 STREET GAINESVILLE, FL 32653 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, spend or purpose agent agent agent and the Isophote in the Obligations of registered agent, spend or purpose agent agent and the Isophote in FLORIDA to date. 9. Capital Contributions as Shown on careous \$2,800.00 in FLORIDA to date. 10. Capital Contributions in FLORIDA to date. 11. CEMENTAL PARTIER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTIER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 13. ADDRESS CHANGES ONLY 14. GENERAL PARTIER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 15. GENERAL PARTIER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 16. GENERAL PARTIER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 17. GENERAL PARTIER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 18. ADDRESS CHANGES CHANGES ONLY 19. GENERAL PARTIER INFORMATION 19. ADDRESS CHANGES CHANGES ONLY 19. GENERAL PARTIER INFORMATION 19. ADDRESS CHANGES CHANGES ONLY 19. GENERAL PARTIER INFORMATION 19. ADDRESS CHANGES CHANGES ONLY 20. ADDRESS CHANGES ONLY 2		Name and Address of Current	nt Registered Agent		Name	7. Name and Address of New Registered Agent
GAINESVILLE, FL 32653 City FL Zip Code City Single Address City City City City City City City City						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	**				Street Address	s (P.O. Box Number is Not Acceptable)
The obligations of registered agent. SIGNATURE 9. Capital Contributions as Snown on record. 9. Capital Contributions as Snown on record. A GENERAL PARTINER THAT IS A BUSINESS SENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY ODCIMENT / NAME STREET ADDRESS CITY-SI-2P DOCUMENT / SNAME STREET ADDRESS CITY-SI-2P DOCUMENT / SNAME STREET ADDRESS CITY-SI-2P DOCUMENT / NAME STREET ADDRESS CITY-SI-2P CITY-SI-2P DOCUMENT / NAME STREET ADDRESS CITY-SI-2P CIT					City	FL Zip Code
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14. Thereby certify that the information supplied with this filling 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 small have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered be execute this report as required by Chapter 620, Florida Statutes	1 -	t	vith this filing does not aua	lify for the ex	emption stated in:	Section 119.07(3)(i), Florida Statutes. I further certify that the information