


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT #A20347</b> 1. Entity Name CREEKSIDE VILLAGE ASSOCIATES, LTD.	
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Principal Place of Business 506 N. RIVERSIDE DR. NEW SMYRNA BEACH, FL 32168	Mailing Address PO BOX 1685 NEW SMYRNA BEACH, FL 32170-1685
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**DO NOT WRITE IN THIS SPACE**

FILED

07 MAY 18 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01222007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2675553	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  OSWALD, KENNETH F. 600 COURTLAND ST. SUITE 110 ORLANDO, FL 32804
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	
NAME	EVANS, JERRY C.
STREET ADDRESS	P.O. BOX 1685
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321701685
DOCUMENT #	
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STREET ADDRESS	
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300103606313  
05/31/07--01025--003 \*\*500.00

**DO NOT WRITE  
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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:** By: Jerry C. Evans 386-423-8884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

PA