

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 MAY -6 PM 5:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A32895

1. Entity Name
 DEER CREEK, LTD.



Principal Place of Business
 500 SOUTH FLORIDA AVE., SUITE 700
 LAKELAND, FL 33801

Mailing Address
 P.O. BOX 5252
 LAKELAND, FL 33807 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-LP

CR2E003 (10/03)

4. FEI Number
 59-3118560

Applied For
 Not Applicable

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

MCFARLANE, PETER A. ESQ
 500 SOUTH FLORIDA AVE., SUITE 715
 LAKELAND, FL 33801

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

9. Capital Contributions
 as Shown on record:

\$10,000.00

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 # V32579
 NAME DEER CREEK, INC.
 STREET ADDRESS 500 SOUTH FLORIDA AVE., SUITE 700
 CITY-ST-ZIP LAKELAND, FL 33801

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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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 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:

Kim S. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/04 863-647-1581

Date

Daytime Phone #

Kim S. Kelley

STAPLE CHECK HERE