

'2004' LIMITED PARTNERSHIP ANNUAL REPORT
.Due By May 1, 2004

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000000584

1. Entity Name
TURTLE CREEK, LTD.



Principal Place of Business
**3645 BONITA BEACH RD #3
BONITA SPRINGS, FL 34134**

Mailing Address
**P.O. BOX 369
BONITA SPRINGS, FL 34133-0369**



2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

04022004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0546267

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ERDMAN, GREG
3645 BONITA BEACH ROAD
#3
BONITA SPRINGS, FL 34134**

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

9. Capital Contributions
as Shown on record. **\$3,722,000.00**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

**P95000020775
J C HOUSING, INCORPORATED
3645 BONITA BEACH RD., SW STE 3
BONITA SPRINGS, FL 34134**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY- ST- ZIP

**U000000161684
05/27/04-80006-001 535.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Greg Erdman

4-27-04 (239) 992-8833

Date

Ordinary Phone #

STAPLE CHECK HERE