


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:51

<b>DOCUMENT # A95000000584</b> 1. Entity Name TURTLE CREEK, LTD.	
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Principal Place of Business 3645 BONITA BEACH RD #3 BONITA SPRINGS, FL 34134 1130 Turtle Creek Blvd, #2 Naples, FL 34110	Mailing Address P.O. BOX 369 BONITA SPRINGS, FL 34133-0369
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04282008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0546267	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ERDMAN, JR, CHARLES 3645 BONITA BEACH ROAD #3 BONITA SPRINGS, FL 34134 1130 Turtle Creek Blvd, #2 Naples FL 34110 <i>change</i>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <i>[Signature]</i> DATE <i>4/28/08</i>
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	P95000020775
NAME	J C HOUSING, INCORPORATED
STREET ADDRESS	3645 BONITA BEACH RD, SW STE 3
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
DOCUMENT #	1130 Turtle Creek Blvd #2
NAME	Naples FL 34110
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300129574833  
05/15/08--01007--013 \*\*508.75

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: <i>[Signature]</i> DATE: <i>4/28/08</i> DAYTIME PHONE: <i>239 653-9798</i>
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