2006 EI剤ITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # A95000001984 MARSH CREEK HOLDINGS, LTD. Principal Place of Business Mailing Address 1990 MAIN STREET, SUITE 801 1990 MAIN STREET, SUITE 801 SARASOTA, FL 34236 SARASOTA, FL 34236 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 01122006 Chg-LP CR2E003 (11/05) Applied For 4. FEI Number City & State City & State 65-0632112 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name J. MICHAEL HARTENSTINE Street Address (P.O. Box Number Is Not Acceptable) 200 SOUTH ORANGE AVE. SARASOTA, FL 34236 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 FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P95000095680 COCUMENT # STREET ADDRESS NAME MARSH CREEK PROPERTIES, INC. STREET ADDRESS 1990 MAIN STREET, SUITE 801 CITY-ST-789 U00000521633 05/02/08-80143-012-500.00 CITY-ST-21P SARASOTA, FL 34236 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City - ST - ZiP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP поснывыт # STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP

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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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