FILED
Apr 25, 2007 08:00 AM
Secretary of State

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A95000001984

1. Entity Name
MARSH CREEK HOLDINGS, LTD.

Principal Place of Business	Mailing Address
1990 MAIN STREET, SUITE 801 SARASOTA, FL 34236	1990 MAIN STREET, SUITE 801 SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0632112 ☐ 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
J. MICHAEL HARTENSTINE 200 SOUTH ORANGE AVE. SARASOTA, FL 34236	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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000095680	STREET ADDRESS	U00000730745
NAME	MARSH CREEK PROPERTIES, INC.		
STREET ADDRESS	1990 MAIN STREET, SUITE 801	CITY-ST-ZIP	05/08/07-80092-023 500.00
CITY-ST-ZIP	SARASOTA, FL 34236		
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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: [signature] / DR. H.-J. REICHARDT 01/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #