


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
 AND  
 FILED

04 APR -8 PM 3:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A96000000638</b>		
1. Entity Name CLEAR CREEK INVESTMENTS, LTD.		

Principal Place of Business 499 N. FERDON BLVD. CRESTVIEW, FL 32536	Mailing Address P.O. BOX 757 CRESTVIEW, FL 32536
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3388026	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
RUSSELL, DAVID A 499 N. FERDON BLVD. CRESTVIEW, FL 32536	

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. <b>\$76,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	RUSSELL, DAVID A 499 N. FERDON BLVD. CRESTVIEW, FL 32536	STREET ADDRESS	<b>800033173798</b> 04/20/04--01059--024 **620.75
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
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		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	

STAPLE CHECK HERE

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: <i>David A Russell</i>	Date: <i>Jan. 7, 2004</i>	Daytime Phone #: <i>(850) 682-6156</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		