

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000638**

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3388026**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**RUSSELL, DAVID A  
499 N. FERDON BLVD.  
CRESTVIEW, FL 32536**

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

*David A. Russell*

Signature, typed or printed name of registered agent and title if applicable.

*Jan 11, 2005*

DATE

9. Capital Contributions  
as Shown on record.

**\$76,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**RUSSELL, DAVID A  
499 N. FERDON BLVD.  
CRESTVIEW, FL 32536**

STREET ADDRESS

CITY - ST - ZIP

**000000185265  
01/21/05-80008-015 526.25**

DOCUMENT #  
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CITY - ST - ZIP

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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

*David A. Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Jan 12, 2005*

DATE

*(850) 682-1156*

DAYTIME PHONE #

STAPLE CHECK HERE