
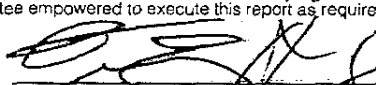


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000927			
1. Entity Name 6484 INDIAN CREEK DRIVE, LTD.			
Principal Place of Business 11300 N.E. SECOND AVENUE MIAMI SHORES, FL 33161-6695		Mailing Address 11300 N.E. SECOND AVENUE MIAMI SHORES, FL 33161-6695	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSENBERG, DONALD S ONE S.E. THIRD AVENUE, SUITE 2600 MIAMI, FL 33131		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable.</small>			
9. Capital Contributions as Shown on record. \$635,000.00		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 #	P95000094189	STREET ADDRESS	
NAME	6484 INDIAN CREEK DRIVE, INC.	CITY-ST-ZIP	
STREET ADDRESS	11300 N.E. SECOND AVENUE ✓		
CITY-ST-ZIP	MIAMI SHORES, FL 331616695		
DOCUMENT #		STREET ADDRESS	1100000069833
NAME		CITY-ST-ZIP	02-12-04 88015 001 535.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: 		Timothy H. Czerniec 2/12/04 (305) 899-3050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE