### 2007 LIMITED PARTINGRSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # A9600000927

1. Entity Name 6484 INDIAN CREEK DRIVE, LTD.



Principal Place of Business Mailing Address

11300 N.E. SECOND AVENUE MIAMI SHORES, FL 33161-6695 11300 N.E. SECOND AVENUE MIAMI SHORES, FL 33161-6695 FILED Feb 05, 2007 08:00 AM Secretary of State



01112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0669854 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ROSENBERG, DONALD S ONE S.E. THIRD AVENUE, SUITE 2600 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.</li> </ol>	ed office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE Supply to trade Supp		

#### 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.

NOTE: General Partners MAY NOT be changed on t		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P9500094189	
NAME	6484 INDIAN CREEK DRIVE, INC.	
STREET ADDRESS	11300 N.E. SECOND AVENUE	
CITY-ST-ZIP	MIAMI SHORES, FL 331616695	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZiP		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		

000000624300 02/14/07-80026-015 508.75

# DO NOT WRITE IN THIS SPACE

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:** 

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
TOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/0-

305-899-3050

Daytime Phone #