


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000927</b> 1. Entity Name 6484 INDIAN CREEK DRIVE, LTD.	
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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
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0669854	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROSENBERG, DONALD S ONE S.E. THIRD AVENUE, SUITE 2600 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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


<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>	DATE 05/20/08-80025-025 508.75
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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	
DOCUMENT #	P95000094189
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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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  <b>TIMOTHY H. CZERNIEC</b>	Date 4/24/08	Daytime Phone # 305-899-3050
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STAPLE CHECK HERE