

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013946 AT

DOCUMENT # A97000000181

1. Entity Name  
SALT CREEK APARTMENTS, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR -1 PM 2:05

Principal Place of Business  
C/O PINELLAS AFFORDABLE LIVING, INC.  
445 31ST STREET NORTH  
ST. PETERSBURG FL 33713

Mailing Address  
C/O PINELLAS AFFORDABLE LIVING, INC.  
445 31ST STREET NORTH  
ST. PETERSBURG FL 33713



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3422745

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

~~HORAK, HEIDI ESQ.  
501 FIRST AVENUE NORTH, SUITE 600  
ST. PETERSBURG FL 33701~~

Name GARY MacMath  
Street Address (P.O. Box Number is Not Acceptable)  
~~445 31ST ST. North~~  
City ST PETERSBURG FL Zip Code 33713

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

2/7/03  
DATE

9. Capital Contributions Shown on record. \$500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # N93000000941  
NAME PINELLAS AFFORDABLE LIVING, INC.  
STREET ADDRESS 445 31ST STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33713

STREET ADDRESS 300013179213  
CITY-ST-ZIP 04/01/03-01059-005 \*\*90.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

300013179213  
02/28/03-01008-025 \*\*87.50  
70.00

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CITY-ST-ZIP

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/03

Date Daytime Phone #

CR2E003 (10/02)