## MAY (, 2000 FILE ON OR BEFORE AT 1990 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

## LIMITED PARTNERSHIP ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 1a. A97000002329

## SOUTH CREEK PARTNERSHIP, LTD.

execute this report as required by chapter 620, Florida Statuter.



DATE 4/28/00

Daytime Telephone Number 9 41 - 966 - 2775

Mailing Address	Principal Office Address	pal Office Address		5. Date Formed or Registered		Shown on record.	
361 CEZANNE DRIVE	361 CEZANNE DRIVE			10/28/1997	\$20,000,000.00		
OSPREY FL 34229	OSPREY FL 34229		;	3a. Date of Last Report	, ,,,		
				1/30/99	5b. Amou Contri	butions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		· · · · · · · · · · · · · · · · · · ·	4. State or Country of Formation	93/7		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 6. G - 0809 7 98 Applied For Not Applicable			
City & State	City & State			7. Certificate of Status Desired \$8.75 Additional Fee Required			
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
INTRASTATE REGISTERED AGENT CORPORATION IN 701 BRICKELL AVENUE, STE. 3000		Name					
		Street Address (P.O. Box Number Is Not Acceptable) 59.50					
MIAMI FL 33131	Suite, Apt. #, etc		, etc.	c.			
•		City FL Zip Code					
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations	gistered agent, or both, in the State of Flor	ed limited partne ida. Such chang	rship organize je was author	ized by its general partner(s). I neret	e State of Floric by accept the a	a, submits this statement opointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)				DATE	ED BUIC	NECC ENTITY	
A GENERAL PARTNER THAT	IS A CORPORATION, FBE REGISTERED AN	ID ACTIV	/F WIT	NERSHIP OR OTHI H THIS OFFICE.	EK DUS	INESS ENTITT	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c.	Registration/	
SOUTH CREEK, INC.	361 CEZANNE DRIVE		OSPREY FL 34229		P97000092076		
				600003 -06/14 ****1	/088:	5065  051009  ****148.25	
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Note: General partners MAY NOT							
12. I do hareby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations							

from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to