


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000002779

1. Entry Name
SALT CREEK MANAGEMENT PARTNERSHIP, LTD.



Principal Place of Business: **1 BEACH DRIVE S.E., SUITE 1006 ST. PETERSBURG FL 33701**

Mailing Address: **1 BEACH DRIVE S.E., SUITE 1006 ST. PETERSBURG FL 33701**

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E003 (11/03)

4. FEI Number **59-3485190**

Applied For Not Applicable

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

**LAZZARA, BETTY B
1 BEACH DRIVE S.E., SUITE 1006
ST. PETERSBURG FL 33701**

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 _____
Signature, typed or printed name of registered agent and file if applicable

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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 # **P97000069175**
NAME **BOSWORTH MARINE MANAGERS, INC.**
STREET ADDRESS **1 BEACH DRIVE S.E., SUITE 1006**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

STREET ADDRESS _____
CITY-ST-ZIP _____

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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

STAPLE CHECK HERE

SIGNATURE: *Betty B. Lazzara* (BETTY B. LAZZARA) Feb 26 2004 727-898-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #