


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000002779					
1. Entity 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			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip			Country		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date			
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		STREET ADDRESS		
NAME	BOSWORTH MARINE MANAGERS, INC.		CITY - ST - ZIP		
STREET ADDRESS	1 BEACH DRIVE S.E., SUITE 1006				
CITY - ST - ZIP	ST. PETERSBURG, FL 33701				
DOCUMENT #			STREET ADDRESS	000003367000	
NAME			CITY - ST - ZIP	05/16/05-80016-021 526.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Betty B. Lazzara</i> Betty B. Lazzara			Date: 4/10/05 Daytime Phone #: 727/8986060		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



STAPLE CHECK HERE