FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SECRETARY OF STATE DIVISION OF CORPORATIONS

| 1999 | DIVISION OF CO | PORATIONS | | *** |
|---|--|--|---|---|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A9800000718 | | 98 05 | C-7 PM 2:22 |
| MARSH CREEK ASSOCIATES, L | TD. | | | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| 1774 SOUTH DRIVE SARASOTA FL 34239 | 1774 SOUTH DRIVE SARASOTA FL 34239 | | 03/18/1998 3a. Date of Last Report | \$500,000.00 |
| | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 2. Mailing Address | 2a. Principal Office Address | | | 475,000.00 |
| Suite, Apt. #, etc. | Sulte, Apt. #, etc. | | 6. FEI Number 65 -0870275 | Applied For Not Applicable |
| City & State | City & State | | 7. Certificate of Status Desired | \$8.75 Additional |
| Zip Country | Zīp | Country | 8. Make check payable to: Dept. of S | Fee Required State (See reverse side for fee information) |
| 9, Name and Address of Current Re | gistered Agent | | 10. If changed, new Registered | Agent/Office |
| MARSH CREEK COMMUNITIES, INC. 1774 SOUTH DRIVE SARASOTA FL 34239 | | Suite, Apt. #, etc. | Diotor Gebhard O Box Number is Not Acceptable) 14 South Drive | FI Zp Code 342 39 |
| 10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS | stered agent, or both, in the State of Florid section 620,192, Florida Statutes. | d limited partnership Ja. Such change was | a authorized by its general partner(s). I hereby | State of Florida, submits this statement accept the appointment of registered |
| MUST | BE REGISTERED ANI | D ACTIVE I | WITH THIS OFFICE. | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each General | x Numbers) 11 | b. City, State & Zip Code | 11C- Document Number |
| MARSH CREEK COMMUNITIES, INC | 1774 SOUTH DRIVE | | SARASOTA FL 34239 | P9800004797 |
| 4 | | | 500000 | |
| • | | | 500002 n -12/03/3 ****52 | 1081954 3801116005 36.25 ****526.25 |
| Note: General partners MAY NOT b | e changed on this form | ı; an amend | ment must be filed to cha | inge a general partner. |

| 12. | I do hereby 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 Parlner of the limited partnership, receiver or trusted |
| | empowered to execute this report as required by chapter 62d, Florida Statutes. |

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number