

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**

05 APR 29 PM 5:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000718

1. Entity Name  
HERON CREEK ASSOCIATES, LTD.



Principal Place of Business  
3401 S. SUMTER BLVD.  
NORTH PORT, FL 34287

Mailing Address  
1858 RINGLING BLVD.  
SARASOTA, FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01052005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0870275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

J. MICHAEL HARTENSTINE  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$500,000.00

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

DOCUMENT # P98000004797  
NAME MARSH CREEK COMMUNITIES, INC.  
STREET ADDRESS 1858 RINGLING BLVD.  
CITY-ST-ZIP SARASOTA, FL 34236

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1990 Main St., Suite 801  
CITY-ST-ZIP Sarasota, FL 34236

DOCUMENT #  
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*M. J. M. Hans-Jurgen Reichard*

941-933-7453

STAPLE CHECK HERE