

FILED
Apr 25, 2007 08:00 AM
Secretary of State

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000000718

1. Entity Name
HERON CREEK ASSOCIATES, LTD.



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

Mailing Address
**1990 MAIN STREET, SUITE 801
SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-LP CR2E003 (12/06)

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

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$800.00
After May 1, 2007, Fee will be \$900.00**

**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 # **P98000004797**
NAME **MARSH CREEK COMMUNITIES, INC.**
STREET ADDRESS **1990 MAIN STREET, SUITE 801**
CITY-ST-ZIP **SARASOTA, FL 34236**

STREET ADDRESS
CITY-ST-ZIP

000000720727
05/08/07-80092-005 500.00

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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 exemptions contained in Chapter 119, 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 820, Florida Statutes.

SIGNATURE:

DR. H. J. RECHARDT

01/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE