
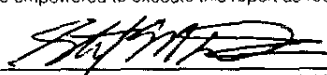


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001960					
1. Entity Name WOLF CREEK OF RALEIGH LTD.					
Principal Place of Business 20725 S.W. 46TH AVE. NEWBERRY, FL 32669			Mailing Address 20725 S.W. 46TH AVE. NEWBERRY, FL 32669		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1852730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04232004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent DAVIS, NORITA V 20721 S.W. 46TH AVENUE NEWBERRY, FL 32669			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$100.00		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 #	A95000000823		STREET ADDRESS		
NAME	DAVIS HERITAGE LTD.		CITY - ST - ZIP		
STREET ADDRESS	20725 S.W. 46TH AVENUE				
CITY - ST - ZIP	NEWBERRY, FL 32669				
DOCUMENT #			STREET ADDRESS	000000156938	
NAME			CITY - ST - ZIP	05/05/04 00000-002 150.00	
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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 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: 		Stefan M. Davis		April 26, 2004 352-472-7773	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE