

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # B05000000410

1. Entity Name

WOOD CREEK AND REGENCY PARK ACQUISITION L.P.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:45

Principal Place of Business

3500 SOUTH DUPONT HIGHWAY
 DOVER DE 19901

Mailing Address

C/O NEWPORT PROPERTY APARTMENT VENTUR
 3211 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134



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

20-3434395

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

SCURTIS, CONSTANTINE
 C/O NEWPORT PROPERTY APARTMENT VENTURES, I
 3211 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134

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 \$500.* After May 1, 2006, fee will be \$900.*** Make check payable to Florida Department of State.**

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 #	WOOD CREEK AND REGENCY PARK, LLC	STREET ADDRESS	
NAME	3211 PONCE DE LEON BLVD., SUITE 202	CITY-ST-ZIP	000069070000
STREET ADDRESS	CORAL GABLES FL 33134		03/20/06--01068--006 **500.00
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 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 620, Florida Statutes

SIGNATURE:

Constantine Scurtis

2/1/06

(805) 446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE