


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

#194 FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
  
08 MAY 19 AM 8:21

<b>DOCUMENT # B05000000410</b> 1. Entity Name WOOD CREEK AND REGENCY PARK ACQUISITION L.P.	
--	---

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 - No P.O. Box # 3211 Ponce De Leon Blvd Suite, Apt. #, etc. 202	3. Mailing Address Suite, Apt. #, etc.
---	---

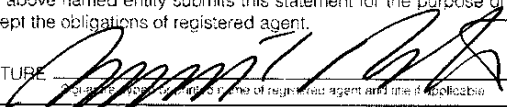
City & State Coral Gables, FL Zip 33134	Country	City & State	Zip	Country
--	---------	--------------	-----	---------

4. FEI Number 20-3434395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SCURTIS, CONSTANTINE C/O NEWPORT PROPERTY APARTMENT VENTURES, I 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134
--

<b>7. Name and Address of New Registered Agent</b> Name Martini, Gregory T. Street Address (P.O. Box Number is Not Acceptable) 2655 LeJeune Road, Ste 1101 City Coral Gables FL Zip Code 33134
---

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 2/20/2008

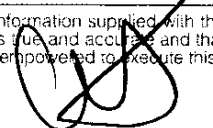
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
DOCUMENT #	WOOD CREEK AND REGENCY PARK, LLC
NAME	WOOD CREEK AND REGENCY PARK, LLC
STREET ADDRESS	3211 PONCE DE LEON BLVD., SUITE 202
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700129589097
CITY-ST-ZIP	05/15/08--01012--013 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 J. Scurtis  
DATE: 2/19/08  
DAYTIME PHONE: (305) 446-0010

STAPLE CHECK HERE