

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

DOCUMENT # B05000000410

1. Entity Name

WOOD CREEK AND REGENCY PARK ACQUISITION L.P.



#194 FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 19 AM 8:21

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

3. Mailing Address

Suite, Apt. #, etc.
302

1st MOORE

CR2E003 (10/07)

City & State

Coral Gables, FL

City & State

Coral Gables, FL

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

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

7. Name and Address of New Registered Agent

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

[Signature]

2/20/2008

DATE

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700129589097
05/15/08--01012--013 **500.00

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

2/19/08

(305) 446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone *

STAPLE CHECK HERE