

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B96000000105**

1. Entity Name

LITTLE CREEK ASSOCIATES LIMITED PARTNERSHIP

FILED

00 JAN 21 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE HERITAGE PLACE, SUITE 400 SOUTHGATE MI 48195	Mailing Address ONE HERITAGE PLACE, SUITE 400 SOUTHGATE MI 48195-3736
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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 **38-3290084**

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

B&C CORPORATE SERVICES OF CENTRAL FLA., INC
390 N. ORANGE AVE., STE. 1100
ORLANDO FL 32801

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 # **P94000014890**
NAME **HERITAGE DEVELOPMENT SOUTH, INC.**
STREET ADDRESS **ONE HERITAGE PLACE, SUITE 400**
CITY - ST - ZIP **SOUTHGATE MI 48195**

STREET ADDRESS _____
CITY - ST - ZIP **300003118203--U**
-02/01/00--01061--005
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SIGNATURE REQUIRED
[Signature] G.P. TREAS **1-17-00**