

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017910 AT

**DOCUMENT # B96000000105**

1. Entity Name  
**LITTLE CREEK ASSOCIATES LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 22 PM 1:41



Principal Place of Business: **ONE HERITAGE PLACE, SUITE 400, SOUTHGATE MI 48195**

Mailing Address: **ONE HERITAGE PLACE, SUITE 400, SOUTHGATE MI 48195**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number: **38-3290084**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 #	<b>P94000014890</b>	STREET ADDRESS	
NAME	<b>HERITAGE DEVELOPMENT SOUTH, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>ONE HERITAGE PLACE, SUITE 400</b>		
CITY-ST-ZIP	<b>SOUTHGATE MI 48195</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<del>4080094790324-6</del>
STREET ADDRESS			<del>-01/22/02--01118--018</del>
CITY-ST-ZIP			<del>****291.25 ****141.25</del>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: *LORI KOENIG*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **1-14-02** **734-246-0512**

CR2E003 (9/01)