

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B99000000272

1. Entity Name
INDIANTOWN PROJECT INVESTMENT PARTNERSHIP,
L.P.



Principal Place of Business
7500 OLD GEORGE TOWN RD., 13TH FLOOR
BETHESDA, MD 20814

Mailing Address
7500 OLD GEORGE TOWN RD., 13TH FLOOR
BETHESDA, MD 20814

2. Principal Place of Business
7600 Wisconsin Ave
Suite, Apt. #, etc.

3. Mailing Address
7600 Wisconsin Ave
Suite, Apt. #, etc.



03172004 Chg-LP CR2E003 (10/03)

City & State
Bethesda, MD
Zip 20814 Country USA

City & State
Bethesda, MD
Zip 20814 Country USA

4. FEI Number
52-2129357
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions
as Shown on record: \$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P40686
NAME TOYAN ENTERPRISES CORPORATION
STREET ADDRESS 7500 OLD GEORGETOWN RD., 13TH FLOOR
CITY-ST-ZIP BETHESDA, MD 20814

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 7600 Wisconsin Avenue
Bethesda, MD 20814-3657

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 600036549146
05/18/04 01040 016 **150.00

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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 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: Morris Meltzer 4/1/04 301-280-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE