

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A93000001143

1. Entity Name
INDRIO PLACE, LTD.



Principal Place of Business
500 AUSTRALIAN AVENUE SOUTH, SUITE 110
WEST PALM BEACH, FL 33401-6246

Mailing Address
500 AUSTRALIAN AVENUE SOUTH, SUITE 110
WEST PALM BEACH, FL 33401-6246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 120

Suite, Apt. #, etc.
Suite 120

City & State

City & State

Zip

Country

Zip

Country

02112004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0441304

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

RHODES, PAUL
500 AUSTRALIAN AVENUE SOUTH, SUITE 110
WEST PALM BEACH, FL 33401-6246

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

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

DATE

9. Capital Contributions
 as Shown on record. **\$423,814.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
RHODES, PAUL
500 AUSTRALIAN AVENUE SOUTH, SUITE 110
WEST PALM BEACH, FL 33401

STREET ADDRESS
500 Australian Ave So #120

CITY-ST-ZIP

600036063366

05/11/04--01071--006 **526.25

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

2004 APR 22 PM 3:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE