## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## FILED DOCUMENT # A23796 1. Entity Name 2007 APR 13 AM 10: 07 INDIAN TRACE, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1175 N.E. 125TH ST. 1175 N.E. 125TH ST. SUITE 102 **SUITE 102** NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 CR2E003 (12/06) Chg-LP City & State City & State 4. FEI Number Applied For 59-2752209 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATE, J. KENNETH Street Address (P.O. Box Number is Not Acceptable) 1175 N.E. 125TH ST. 'NORTH MIAMI, FL 33161 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY M29023 DOCUMENT # STREET ADDRESS TATE DEVELOPMENT CORP. NAME STREET ADDRESS 1175 N.E. 125TH ST. 04/17/07--01045--022 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI, FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing dose 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