



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--------------------------------|--|---|--|--|
| DOCUMENT # A00000000200 1. Entity Name INDIGO PLANTATION PARTNERS, LTD. | | | |  | |
| Principal Place of Business 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118 | | | Mailing Address 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| | | |  | | |
| | | | 01192005 Chg-LP CR2E003 (10/03) | | |
| | | | 4. FEI Number 59-3621571 | | Applied For <input type="checkbox"/> Not Applicable |
| | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent JENKINS, PATRICIA S 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$3,152,500.00 | | | 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 # | 581075 | | STREET ADDRESS | | |
| NAME | POLYEDER, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 444 SEABREEZE BLVD., SUITE 600 | | | | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 | | | | |
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| 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)(f), 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: <i>[Signature]</i> | | | Date: 14 Jun 05 Daytime Phone #: 386-238 7400 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |

STAPLE CHECK HERE