## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## **DOCUMENT # A00000000200**

1. Entity Name INDIGO PLANTATION PARTNERS, LTD.



FILED Apr 10, 2008 08:00 Al Secretary of State

Principal Place of Business

444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118

Mailing Address

444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118



DO NOT WRITE IN THIS SPACE

01172008 No Chg-LP
4. FFI Number

CR2E003 (12/06)

4. FEI Number 59-3621571 Applied For Not Applicable

5. Certificate of Status Desired

\$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		DO NOT WRITE IN THIS SPACE
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 it applicable		DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	581075	
NAME STREET ADDRESS	POLYEDER. INC. 444 SEABREEZE BLVD., SUITE 600	U00000890544
CITY-SI-ZIP	DAYTONA BEACH, FL 32118	04/22/08-80099-016 500.00
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		
DOCUMENT /		
NAME		DO NOT WRITE
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CHY-S1-ZIP		IN THIS SPACE
DOCUMENT #		<b>'</b>
NAME		
STRUET ADDRESS City-St-Zip		
DOCUMENT #		
NAME		
STRELT ADDRESS		
CITY C1 703		<b>■</b>

14. I hereby certify that the information supplied with this filling does 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 open as pequired by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

GNATURE AND TYPEO OF PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-08

Daytime Phone #