

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|---|---------|---|--|--|
| DOCUMENT # A00000001796 | | | | | |
| 1. Entity Name THE INDIAN ANCESTRAL TRUST FAMILY LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 2529 SW 8ST MIAMI, FL 33135 | | | Mailing Address 2529 SW 8ST MIAMI, FL 33135 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-1047310 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ESTEVEZ, OSCAR J 2529 SW 8ST MIAMI, FL 33135 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____ | | | | | |
| 9. Capital Contributions as Shown on record. \$5,500.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. 5500.00 | | |
| 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | PINNEY, WILLIAM A 2529 SW 8ST MIAMI, FL 33135 | | STREET ADDRESS CITY-ST-ZIP | | |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 0000000313930 04/18/05-80144-015 141.25 | |
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| 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>William A. Pinney</i> | | | 4-5-5 917-622 0334 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE