

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

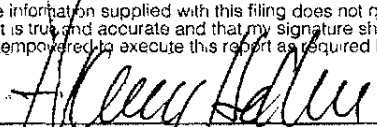
FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001971			
1. Entity Name INDIAN WELLS PARTNERSHIP, LTD.			
Principal Place of Business 288 NINTH STREET WINTER GARDEN, FL 34787		Mailing Address P.O. BOX 770249 WINTER GARDEN, FL 34777-0249	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HELLER, HARVEY R 288 NINTH STREET WINTER GARDEN, FL 34787		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			
9. Capital Contributions as Shown on record \$990.00		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 #	583579	STREET ADDRESS	
NAME	KAMM, LINDA H	CITY-ST-ZIP	
STREET ADDRESS	288 NINTH STREET		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		
DOCUMENT #		STREET ADDRESS	
NAME	HELLER, HARVEY R	CITY-ST-ZIP	
STREET ADDRESS	288 NINTH STREET		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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:  **4/20/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #