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

04192005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3176462 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable DATE

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		
STREET ADDRESS	288 NINTH STREET	CITY-ST-ZIP	U00000363884 05/06/05--80018--011 141.25
CITY-ST-ZIP	WINTER GARDEN, FL 34787		
DOCUMENT #		STREET ADDRESS	
NAME	HELLER, HARVEY R		
STREET ADDRESS	288 NINTH STREET	CITY-ST-ZIP	
CITY-ST-ZIP	WINTER GARDEN, FL 34787		
DOCUMENT #		STREET ADDRESS	
NAME			
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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)(i), 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: [signature] 4/26/05

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