2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   A00844

1. Entity Name

INDIAN TRAIL GROVES, LTD.

FILED

01 MAY -3 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 1057	P.O. BOX 1057
18230 70TH ROAD NORTH	18230 70TH ROAD NORTH
LOXAHATCHEE FL 33470-1057	LOXAHATCHEE FL 33470-1057

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number **59-6201581** / Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
WALSEY, CHARLES C	Name
18230 70TH RD N	Street Address (P.O. Box Number is Not Acceptable)
LOXAHATCHEE FL 33470	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$1,013,352.00**	**10.** Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 COWAN, IRVING STREET ADDRESS 18230 70TH ROAD NORTH CITY-ST-ZIP LOXAHATCHEE FL	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME FRIEDLAND, JACK M STREET ADDRESS 18230 70TH ROAD NORTH CITY-ST-ZIP LOXAHATCHEE FL	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 3000043340093---1 -05/30/01--01046--001 ****526.25 ****526.25
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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)(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: _____   4/26/01

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