


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:00

DOCUMENT #A01000000849	
1. Entity Name INDIAN LAKE APARTMENTS PHASE II, LTD.	

Principal Place of Business 4060 DANCING CLOUD COURT DESTIN, FL 32541	Mailing Address 1234 AIRPORT RD., SUITE 118 DESTIN, FL 32541
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2. Principal Place of Business - No P.O. Box # 4060 Dancing Cloud Court	3. Mailing Address 1234 Hwy 98E
Suite, Apt. #, etc. Unit 311	Suite, Apt. #, etc. Suite 3-419
City & State Destin FL	City & State Destin FL
Zip 32541	Country



04162008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3722247	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, LOWELL B  
 1234 AIRPORT RD., #118  
 DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 53 BANNERMAN Beach Lane

City  
 Santa Rosa Beach FL Zip Code  
 32459

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  
 700129201157  
 05/13/08--01017--004 \*\*\$500.00

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000002765	STREET ADDRESS	53 BANNERMAN Beach Lane
NAME	INDIAN LAKE APARTMENTS PHASE II, L.L.C.	CITY-ST-ZIP	Santa Rosa Beach FL 32459
STREET ADDRESS	1234 AIRPORT RD., #118		
CITY-ST-ZIP	DESTIN, FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 report as required by Chapter 620, Florida Statutes.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE