

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000000044	
1. Entity Name INDIAN RIVER ASSOCIATES I, LLLP	



FILED
06 MAY - 11 AM 11:35:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Country USA



03312006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-0594153	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRANT, MARK F ESQ C/O RUDEN MCCLOSKEY 200 EAST BROWARD BLVD, STE 1500 FORT LAUDERDALE, FL 33301

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 _____	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P0400000444 INDIAN RIVER I CORPORATION 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071	STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy #300 Sunrise, FL 33323
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100074758651
05/17/06 01025-003 **\$500.00

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: <i>[Signature]</i>	N. MARIA MENENDEZ, VICE PRESIDENT	4/27/06	954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE