


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A04000000044</b>		
1. Entity Name <b>INDIAN RIVER ASSOCIATES I, LLLP</b>		
Principal Place of Business <b>1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323</b>		Mailing Address <b>1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323</b>



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04202007 Chg-LP CR2E003 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0594153</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GRANT, MARK F ESQ C/O RUDEN MCCLOSKEY 200 EAST BROWARD BLVD, STE 1500 FORT LAUDERDALE, FL 33301</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	<b>P04000004444</b>	STREET ADDRESS	
NAME	<b>INDIAN RIVER I CORPORATION</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1600 SAWGRASS CORP PKWY, SUITE 300</b>		
CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>		
DOCUMENT #		STREET ADDRESS	<b>000000752540</b>
NAME		CITY-ST-ZIP	<b>05/21/07-80020-004 500.00</b>
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

**N. MARIA MENENDEZ, VICE PRESIDENT**

Date

**4/26/07**

**954-753-1730**

Daytime Phone #

STAPLE CHECK HERE