

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

**DOCUMENT # A04000000044**

1. Entity Name  
 INDIAN RIVER ASSOCIATES I, LLLP



Principal Place of Business  
 1600 SAWGRASS CORP PKWY, SUITE 300  
 SUNRISE, FL 33323

Mailing Address  
 1600 SAWGRASS CORP PKWY, SUITE 300  
 SUNRISE, FL 33323

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**Suite 230**

Suite, Apt. #, etc.

**Suite 230**

City & State

City & State

Zip

Country

Zip

Country

04162008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-0594153

Applied For

Not Applicable

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

GRANT, MARK F ESQ  
 C/O RUDEN MCCLOSKEY  
 200 EAST BROWARD BLVD, STE 1500  
 FORT LAUDERDALE, FL 33301

Name

**Indian River I Corporation**

Street Address (P.O. Box Number is Not Acceptable)

**1600 Sawgrass Corp Pkwy, Suite 230**

City

**Sunrise**

**FL**

Zip Code

**33323**

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.

**4/27/08**

DATE

**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  
 DOCUMENT # P0400000444  
 NAME INDIAN RIVER I CORPORATION  
 STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300  
 CITY-ST-ZIP SUNRISE, FL 33323

13. ADDRESS CHANGES ONLY  
 STREET ADDRESS 1600 Sawgrass Corp Pkwy, Suite 230  
 CITY-ST-ZIP Sunrise, FL 33323

DOCUMENT #  
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 CITY-ST-ZIP

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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

**RICHARD M. NORWALK**

**4/29/08**

**(954) 753-1730**

Date

Daytime Phone #

STAPLE CHECK HERE