


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 4:49**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A04000000945</b>	
1. Entity Name <b>INDIAN RIVER ASSOCIATES II, LLLP</b>	

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



03312006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>20-1292057</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GRANT, MARK F ESQ C/O RUDEN MCCLOSKY 200 EAST BROWARD BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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, 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	<b>P04000089732 INDIAN RIVER II CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071</b>	STREET ADDRESS CITY-ST-ZIP	<b>1600 Sawgrass Corp Pkwy #300 Sunrise, FL 33323</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>100074693481 05/17/06--01003--001 **508.75</b>
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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:**  **N. MARIA MENDEZ, VICE PRESIDENT** **4/27/06** **954-753-1730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE