

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

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

**DOCUMENT # A04000000945**

1. Entity Name  
**INDIAN RIVER ASSOCIATES II, 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, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007

Chg-LP

CR2E003 (12/06)

4. FEI Number

**20-1292057**

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., SUITE 1500  
FORT LAUDERDALE, FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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**  
DOCUMENT # **P04000089732**  
NAME **INDIAN RIVER II CORPORATION**  
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**  
CITY-ST-ZIP **SUNRISE, FL 33323**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**U00000752775  
05/21/07-80029-017 508.75**

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**

Daytime Phone #

**954-753-1730**

STAPLE CHECK HERE