2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE:

FILED DOCUMENT # A06735 2004 APR 22 PM 3: 49 1. Entity Name INDIAN RIVER INVESTMENTS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 269 NW 7TH ST. 269 NW 7TH ST. **MIAMI FL 33136** MIAMI FL 33136 3. Mailing Address 2. Principal Place of Business 201 N. W. 7th Street Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) #401 Applied For City & State City & State 4. FEI Number 59-1790302 Miami, Fl. Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired ÚSA Fee Required 33136 7. Name and Address of New Registered Agent' 6. Name and Address of Current Registered Agent Name WEITZEL, TED H Street Address (P.O. Box Number is Not Acceptable) INDIAN RIVER INVESTMENTS, LTD. 201 N.W. 7TH STREET, #401 **MIAMI FL 33136** Zip Code City 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. typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS WEITZEL, TED H NAME STREET ADDRESS 201 N.W. 7TH ST., #401 CITY-ST-7IP MIAMI FL 33136 CITY-ST-ZIP DOCUMENT # 300035801463 05/10/04 01039 016 **141.25 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z-P 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

led <u>H. Weitzel</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-04

305-377-2509