2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

SIGNATURE AND TITES OR FRINTE MANEED SECTING GENERAL PARTNER

FILED Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # A06735 1. Entity Name INDIAN RIVER INVESTMENTS, LTD. Principal Place of Business ... Mailing Address 269 NW 7TH ST. 201 N.W. 7TH STREET MIAM! FL 33136 MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) 4. FEI Number Applied For City & State City & State 59-1790302 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 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 FI 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. 11, FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$0.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS NAME WEITZEL, TED H 201 N.W. 7TH ST., #401 STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP MIAMI FL 33136 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS U00000313937 CHY-SI-7P CITY-ST-ZIP 04/18/05-80144-017-141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS City St. 7IP CITY-ST-ZIP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 420, Florida Statutes