


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 NOV 20 AM 10:00</p> <p style="text-align: right;"><i>mtu</i> <i>11/24</i></p>	
1. Name of Limited Partnership INDRIO ESTATES LIMITED PARTNERSHIP		1a. DOCUMENT # <div style="border: 1px solid black; padding: 5px; display: inline-block;"> A10237 </div>			
Mailing Address C/O JONATHAN ALPER 274 KIPLING CT. HEATHROW FL 32746		Principal Office Address C/O JONATHAN ALPER 274 KIPLING CT. HEATHROW FL 32746		3. Date Formed or Registered 03/06/1981 3a. Date of Last Report 01/07/1998 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$90,000.00 </div> 5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required	
6. FEI Number 59-2073959		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent ALPER, JONATHAN 274 KIPLING CT HEATHROW, FL . FL 32746			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number if Not Applicable) Suite, Apt. #, etc. City Zip Code		
ALPER, JONATHAN 274 KIPLING CT HEATHROW, FL . FL 32746			59-2073959-2 -12/01/98--01081--004 *****526.25 *****526.25 FL		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) ALPER, JONATHAN ALPER, ANNE		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 274 KIPLING CT 4165 N. BISCAYNE PT. 9240 W. Bay Harbor Drive # 3A		11b. City, State & Zip Code HEATHROW FL MIAMI BEACH FL Bay Harbor FL 33154	
11c. Registration/Document Number		(Empty field for registration/document number)			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 689, Florida Statutes.					
SIGNATURE <i>Jon Alper</i>		DATE <i>11-16-98</i>		Daytime Telephone Number <i>407 444 0404</i>	
Typed or Printed Name of General Partner Signing Form <i>JON ALPER</i>					

CR2E003 (8/98)