

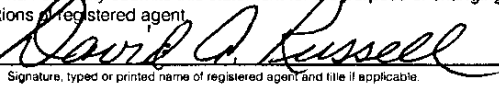


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

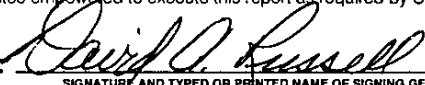
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 14 AM 8:28

DOCUMENT # A21995 1. Entity Name INDIAN TRAILS, LTD.					
Principal Place of Business 499 NORTH FERDON BLVD. CRESTVIEW, FL 32536			Mailing Address 499 NORTH FERDON BLVD. CRESTVIEW, FL 32536		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-2618714	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUSSELL, DAVID A 499 N. FERDON BLVD. CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent 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:  DATE: <u>Jan. 12, 2005</u>					
9. Capital Contributions as Shown on record. \$8,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		
	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				
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	STREET ADDRESS		CITY-ST-ZIP		
	CITY-ST-ZIP				

STAPLE CHECK HERE

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

SIGNATURE:  DATE: Jan 13, 2005 (850) 682-6156