

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A22683

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** INTERCHANGE RESORTS ASSOCIATES, LTD.

**Current Principal Place of Business:**

111 W. FORTUNE ST.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

111 W. FORTUNE ST.  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-2357777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALLEN, DAVID H.  
111 W. FORTUNE ST.  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CALLEN, ROBIN A.  
Address: 111 W. FORTUNE ST.  
City-St-Zip: TAMPA, FL

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: CALLEN, DAVID H.  
Address: 8870 N. HIMES AVE, #242  
City-St-Zip: TAMPA, FL 33614

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBIN CALLEN

GP

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date