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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

				4 PH 3:	
1. Name of Limited Partnership	1a. DOCUME A32405			SECRETARO OF STATE TALLAHASSEE, FLORIDA	
HE INDIAN RIVER CLUB, L'	TD.				
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capita	al Contributions as
800 CAROLINA CIRCLE S.W. VERO BEACH FL 32962	800 CAROLINA CIRCLE S.W. VERO BEACH FL 32962		12/27/1991 3a. Date of Last Report \$14,000,000.00		
			01/02/1998	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	1/3,693,294	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0481681	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Žip C	Country		Fee Required of State (See reverse side for fee information	
9. Name and Address of Cur	rent Registered Agent		10. If changed, new Register	ed Agent/Office	
CHERRY, RICHARD G ESQ.		Name			
1665 PALM BEACH LAKES BLVD		Street Address (P.O. Box Number Is Not Acceptable)			
#600		Sulte, Apt. #, etc.			
WEST PALM BEACH FL 33401		City		FL	Zıp Code
WEST PALM BEACH FL 33401 10a. Pursuant to the provisions of sections 620.105: for the purpose of changing its registered office agent. I am familiar with, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Florida tions of section 620 192, Florida Statutes. AT IS A CORPORATION, LI JIST BE REGISTERED AND	City Imited partnership or Such change was a MITED PAI ACTIVE W	DATE THE THIS OFFICE.	ne State of Florid by accept the ap	a, submits this statement oppointment of registered NESS ENTITY Registration/
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Corporations from any fiability 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 620, Florida Statistes