~~2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

FILED DOCUMENT # A32405 1. Entity Name 04 FEB 17 PH 3: 06 THE INDIAN RIVER CLUB, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 800 CAROLINA CIRCLE S.W. 800 CAROLINA CIRCLE S.W. VERO BEACH, FL 32962 VERO BEACH, FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022004 Chg-LP CR2E003 (10/03) City & State City & State 4. FE! Number Applied For 65-0481681 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYNOLDS, G. JEFFREY Street Address (P.O. Box Number is Not Acceptable) 800 CAROLINA CIRCLE S.W. VERO BEACH, FL 32962 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$16,000,000.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P93000036652 DOCUMENT # STREET ADDRESS INDIAN RIVER GENERAL PARTNER, INC. NAME STREET ADDRESS 800 CAROLINA CIRCLE S.W. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32962 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 300028847963 DOCUMENT # 02/17/04--01006--009 **535.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS Pus 8,75 CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP ~ 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNING GENERAL PARTNER