

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

05 MAY -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32405
1. Entity Name
THE INDIAN RIVER CLUB, LTD.



Principal Place of Business
800 CAROLINA CIRCLE S.W.
VERO BEACH, FL 32962

Mailing Address
800 CAROLINA CIRCLE S.W.
VERO BEACH, FL 32962

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0481681

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, G. JEFFREY
800 CAROLINA CIRCLE S.W.
VERO BEACH, FL 32962

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$16,900,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **17,989,000.00**

**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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P93000036652	INDIAN RIVER GENERAL PARTNER, INC.	800 CAROLINA CIRCLE S.W.	VERO BEACH, FL 32962

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

400054018784
05/06/05--01074--017 **\$35.00

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:  **4-25-05** **772-770-0757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE