


# 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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		7. Name and Address of New Registered Agent	
REYNOLDS, G. JEFFREY 800 CAROLINA CIRCLE S.W. VERO BEACH, FL 32962		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
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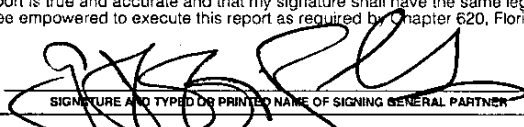
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000036652	STREET ADDRESS	
NAME	INDIAN RIVER GENERAL PARTNER, INC.	CITY-ST-ZIP	
STREET ADDRESS	800 CAROLINA CIRCLE S.W.		
CITY-ST-ZIP	VERO BEACH, FL 32962		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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

Date

772-770-0757

Daytime Phone #

STAPLE CHECK HERE