

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 21 AM 9:38

1. Name of Limited Partnership	1a. DOCUMENT # A33452
INDIAN TRAILS LIMITED PARTNERSHIP OF VERO BEACH	



Mailing Address 703 - 17TH STREET VERO BEACH FL 32960	Principal Office Address 703 - 17TH STREET VERO BEACH FL 32960	3. Date Formed or Registered 09/22/1992	5a. Capital Contributions as Shown on record \$600,000.00
2. Mailing Address 1162 S. US1	2a. Principal Office Address 1162 S. US1	3a. Date of Last Report 11/02/1995	5b. Amount of Capital Contributions in FLOPS-DA to date 0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State Vero Beach FL	City & State Vero Beach FL	6. FEI Number 65-0358061	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32962 Indian River	Zip 32962 Indian River	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent BLOCK, SAMUEL A 2127 TENTH STREET VERO BEACH FL 32960	10. If changed, new Registered Agent/Office Name Mark Herring Street Address (P.O. Box Number Is Not Acceptable) 1162 S US1 Suite, Apt. #, etc. City Vero Beach FL Zip Code 32962
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]*

DATE **10/14/96**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SPINNAKER DEVELOPMENT GROUP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 703 - 17TH STREET 1162 S. US1	11b. City, State & Zip Code VERO BEACH FL 32962	11c. Registration/Document Number A32482
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-10/25/96-01029-003
******191.25 ****191.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability 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 Statutes.

SIGNATURE *[Signature]*

DATE **10/14/96**

Typed or Printed Name of General Partner Signing Form **Mark C. Herring OWNER**

Daytime Telephone Number **561 770-5880**

CR2E003 (6/96)