

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR -9 PM 2:10

1. Name of Limited Partnership

1a. DOCUMENT #
A33542

INDIAN TRAILS ENTERPRISES, LTD.



Mailing Address

1162 SO. US #1
(C/C SPINNAKER DEVEL)
VERO BEACH FL 32962

Principal Office Address

C/C SPINNAKER DEVEL
VERO BEACH FL 32962

3. Date Formed or Registered

10/14/1992

5a. Capital Contributions as
Shown on record

\$79,500.00

3a. Date of Last Report

12/29/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. FEI Number

65-0361855

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address

126 43RD AVE SW

Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

FL

Zip Country

32968 HAWAII USA

Zip

Country

9. Name and Address of Current Registered Agent

ADAMS, JAMES R.
C/C SPINNAKER DEVEL
1162 SO. US #1
VERO BEACH FL 32962

10. If changed, new Registered Agent/Office

Name

ADAMS, JAMES R.

Street Address (P.O. Box Number is Not Acceptable)

126 43RD AVE SW

Suite, Apt. #, etc.

City

VERO BEACH

State

FL

Zip Code

32968

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)

James R. Adams

DATE

4-6-99

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)

ADAMS, JAMES R.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1162 SO. US #1

11b. City, State & Zip Code

VERO BEACH FL 32962

11c. Registration/
Document Number

100002842771-3

-04/16/99-01098-014

***526.25 ***526.25

BK
4/9/99

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

James R. Adams

DATE

4-6-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)