FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



INDIAN ROAD PARTNERS LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9300000109**

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97 DEC 15 AM 10: 18

SECRETARY OF STATE TALLAHASSEE FLORIDA



Mailing Address ** LAWRENCE A. PANDE. JR. 18345 S.E. VILLAGE CIRCLE DRIVE JUPITER FL 33469 2. Mailing Address Sulte, Apt. #, etc.	Principal Office Address % LAWRENCE A. PANDE. JR. 18345 S.E. VILLAGE CIRCLE DRIVE JUPITER FL 33469 2a. Principal Office Address Suite, Apt. #, etc.		3. Date Formed or Registered 01/19/1993 3a. Date of Last Report 12/23/1996 4. State or Country of Formation FL 6. FEI Number 65-0445827	5a. Capital Contributions as Shown on record. \$490,000.00 5b. Amount of Capita' Contributions in Ft ORIDA to date: Applied For		
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired	Not Applicable \$8.75 Additional Foe Required State (See reverse side for fee Information)		
9. Name and Address of Current Registered Agent PROFESSIONAL FOOD - SERVICE MANAGEMENT INC 18345 S.E. VILLAGE CIRCLE DRIVE JUPITER FL 33469 Suite, Apt. #, etc. City 10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership orgate for the purpose of changing its registered office or registered agent or both, in the State of Florida Such change was autagent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PART MUST BE REGISTERED AND ACTIVE WITH			P.O. Box Number Is Not Acceptab樂樂樂5 ip organized or registered under the laws of the was authorized by its general partner(s). I here DATE ARTNERSHIP OR OTHE	panized or registered under the laws of the State of Florida, submits this statement uthorized by its general partner(s). I hereby accept the appointment of registered DATE TNERSHIP OR OTHER BUSINESS ENTITY		
11. Namo(s) of Gonoral Partner(s) PANDE, LAWRENCE A JR.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1834 SOUTHEAST VILLAG		1b. City. State & Zip Code TEQUESTA FL 33649 AR 12/13/9	11c.	Registration/ Document Number	

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

12. If do hereby certify that the information supplied with this filling 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form Law rence A Pande, Jr.

DATE. 12-10-97

Daytime Telephone Number 56/- 575 - 4273