

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



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

FILED

00 JUN 30 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000109

Name of Limited Partnership

Indian Road Partners Limited Partnership

Principal Office Address 400 Beach Road Suite, Apt. #, etc. #404 City & State Tequesta FL Zip 33469		3. Mailing Office Address 400 Beach Road Suite, Apt. #, etc. #404 City & State Tequesta FL Zip 33469		4. Date Formed or Registered To Do Business in Florida 12/8/1997	
5. FEI Number 65-0798551		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	
7a. Capital Contributions as shown on Record: 490,000		7b. Amount of Capital Contributions in FLORIDA to date: 3,800		FEEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
8. Name and Address of Current Registered Agent Name Alevizos Florida Corp. Street Address (P.O. Box Number is Not Acceptable) 400 Beach Road Suite, Apt. #, Etc. #404 City Tequesta State FL Zip Code 33469					

9. Pursuant to the provisions of sections 620.1051 and 620.122, 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 620.122, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Alevizos Florida Corp.	400 Beach Road	Tequesta, FL 33469	P97000100597
99 500 52.50 00 500 52.50		88.75 88.75 8.75	6000003317236--6 -07/10/00--01017--001 ***1291.25 ***1291.25 REINSTATEMENT 99-00 cws dec

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Peter J. Alvarez

DATE

6-23-00