

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 18 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000109 1. Entity Name INDIAN ROAD PARTNERS LIMITED PARTNERSHIP					
Principal Place of Business 400 BEACH ROAD, #404 TEQUESTA, FL 33469			Mailing Address 400 BEACH ROAD, #404 TEQUESTA, FL 33469		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 18420 SE HERITAGE PLAZA Suite, Apt. #, etc.			
City & State TEQUESTA, FL 33469		City & State TEQUESTA, FL 33469		4. FEI Number 65-0798551	
Zip 33469		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE ALEVIZOS FLORIDA CORP. 400 BEACH ROAD, #404 TEQUESTA, FL 33469				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$490,000.00			10. Amount of Capital Contributions in FLORIDA to date. 3,800.00		
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 #	P97000100597			STREET ADDRESS	
NAME	THE ALEVIZOS FLORIDA CORP.			CITY-ST-ZIP	
STREET ADDRESS	400 BEACH ROAD, #404				
CITY-ST-ZIP	TEQUESTA, FL 33469				
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CITY-ST-ZIP					
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: <u><i>Marcelo Alevizos</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				4/14/05 617 877 9895 <small>Date Daytime Phone #</small>	

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