FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -8 PM 12:30

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000109

1. Entity Name
INDIAN ROAD PARTNERS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
400 BEACH ROAD, #404 TEQUESTA, FL 33469	400 BEACH ROAD, #404 TEQUESTA, FL 33469

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0798551 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE ALEVIZOS FLORIDA CORP. 400 BEACH ROAD, #404 TEQUESTA, FL 33469	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 ______ Signature, typed or printed name of registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record. $490,000.00

10. Amount of Capital Contributions in FLORIDA to date. $3850.00

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE — SEE REVERSE SIDE FOR FEE INFORMATION

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.		
STREET ADDRESS	400 BEACH ROAD, #404	CITY-ST-ZIP	
CITY-ST-ZIP	TEQUESTA, FL 33469		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003 (10/02)

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: Robert Alevizos 4/4/03 7814311039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #