


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001688	
1. Entity Name INDIAN CREEK ASSOCIATES, LTD.	

Principal Place of Business 2640 GOLDEN GATE PARKWAY, SUITE 102 NAPLES, FL 34105	Mailing Address 2640 GOLDEN GATE PARKWAY, SUITE 102 NAPLES, FL 34105
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04282005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0535157	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURRAY, THOMAS D 2640 GOLDEN GATE PARKWAY, SUITE 102 NAPLES, FL 34105	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date. 14,852.70
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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 #	P94000086098	STREET ADDRESS	
NAME	I.C. INVESTMENTS, INC.	CITY- ST- ZIP	
STREET ADDRESS	2640 GOLDEN GATE PARKWAY, SUITE 102		
CITY- ST- ZIP	NAPLES, FL 34105		
DOCUMENT #		STREET ADDRESS	000000363788
NAME		CITY- ST- ZIP	05/06/05-80013-021 535.00
STREET ADDRESS			
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
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)(f), 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>Thomas D Murray</u>	Date: <u>4/28/05</u>	Daytime Phone #: <u>239-434-6767</u>
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STAPLE CHECK HERE