

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002237 1. Entity Name INDIAN LAKE APARTMENTS, LTD.					
Principal Place of Business 4060 DANCING CLOUD COURT DESTIN, FL 32541			Mailing Address 4060 DANCING CLOUD COURT DESTIN, FL 32541		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3413054	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KELLY, LOWELL 4060 DANCING CLOUD COURT DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____					
9. Capital Contributions as Shown on record: \$1,100.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P96000091497		STREET ADDRESS		
NAME	KELLY CONGLOMERATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	4060 DANCING CLOUD COURT		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
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03172004 Chg-LP CR2E003 (10/03)

FL

Zip Code

000000104290
 04/06/04-80004-001 141.25

STAPLE CHECK HERE

SIGNATURE:

Lowell B. Kelly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-22-04

Date

Daytime Phone #

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.