


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -2 P 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		3. Mailing Address 1234 Airport Rd Ste 118	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Destin, FL	
Zip	Country	Zip	Country
32541	USA	32541	USA
4. FEI Number 59-3413054		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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: Lowell B. Kelly Street Address (P.O. Box Number is Not Acceptable): 1234 Airport Rd #118 City: Destin FL Zip Code: 32541	
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: <i>Lowell B. Kelly</i>		DATE: 4-27-05	
9. Capital Contributions as Shown on record. \$1,100.00		10. Amount of Capital Contributions in FLORIDA to date. 1100.00	
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 #	P96000091497	STREET ADDRESS	1234 Airport Rd #118
NAME	KELLY CONGLOMERATES, INC.	CITY - ST - ZIP	Destin FL 32541
STREET ADDRESS	4060 DANCING CLOUD COURT		
CITY - ST - ZIP	DESTIN, FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	000055194590
NAME		CITY - ST - ZIP	05/24/05--01064--011 **141.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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: <i>Lowell B. Kelly</i>		DATE: 4-27-05 850-259-1907	

STAPLE CHECK HERE