

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
 WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

98 DEC -3 PM 12:41

1. Name of Limited Partnership

1a. DOCUMENT #  
 A98000001767

INDIANTOWN REALTY PARTNERS LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

350 SOUTH COUNTY ROAD, SUITE 201  
 PALM BEACH FL 33480

350 SOUTH COUNTY ROAD, SUITE 201  
 PALM BEACH FL 33480

3. Date Formed or Registered

07/24/1998

5a. Capital Contributions as Shown on record.

\$1,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

6. FEI Number

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GERL, WAYNE A  
 350 SOUTH COUNTY ROAD, SUITE 201  
 PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*Wayne A Gerl*

DATE 11/28/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

L & G GP, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

350 SOUTH COUNTY ROAD

11b. City, State & Zip Code

PALM BEACH FL 33480

11c. Registration/Document Number

V56549

100002710671--4  
 -12/11/98--01100--001  
 \*\*\*1050.00 \*\*\*\*150.00

*\$141.25  
 CW*

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*W. Lawrence Kenove*

DATE 11/30/98

Typed or Printed Name of General Partner Signing Form

W. Lawrence Kenove

Daytime Telephone Number

561-832-1299

CR2E003 (8/98)