

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001767**

1. Entity Name

**INDIANTOWN REALTY PARTNERS LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business 350 SOUTH COUNTY ROAD, SUITE 201 PALM BEACH FL 33480	Mailing Address 350 SOUTH COUNTY ROAD, SUITE 201 PALM BEACH FL 33480-4450
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

65-0927976

4. FEI Number **APPLIED FOR**      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

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

Name **W. Lawrence LeDeve**  
Street Address (P.O. Box Number is Not Acceptable) **350 So. County Rd. # 201**  
City **Palm Beach** FL Zip Code **33480**

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.

SIGNATURE DATE **1-05-00**

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **V56549**  
NAME **L & G GP, INC.**  
STREET ADDRESS **350 SOUTH COUNTY ROAD, SUITE 201**  
CITY - ST - ZIP **PALM BEACH FL 33480**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**GP**      Date **1/5/00**      Daytime Phone # **561-832-1299**

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