


2001 UNIFORM BUSINESS REPORT (UBR)

0008576 AF

DOCUMENT # A98000001767
1. Entity Name
 INDIANTOWN REALTY PARTNERS LIMITED PARTNERSHIP

FILED
 01 MAY -1 AM 11:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business **Mailing Address**
 350 SOUTH COUNTY ROAD, SUITE 201 350 SOUTH COUNTY ROAD, SUITE 201
 PALM BEACH FL 33480 PALM BEACH FL 33480

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

4. FEI Number 65-0927976 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fes Required**

6. Name and Address of Current Registered Agent
 LENEVE, W. LAWRENCE A
 350 SOUTH COUNTY ROAD, SUITE 201
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

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

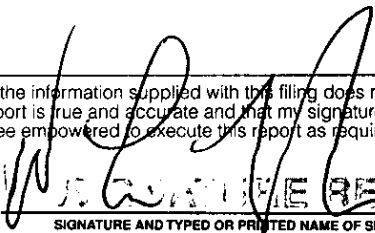
DOCUMENT #	V56549
NAME	L & G GP, INC.
STREET ADDRESS	350 SOUTH COUNTY ROAD, SUITE 201
CITY-ST-ZIP	PALM BEACH FL 33480
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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:  **W. Lawrence LeNeve, Pres. of GP**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: 4/30/01 Daytime Phone #: 561-832-1299

CR2E003 (11/00)