2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001767

1. Entity Name

INDIANTOWN REALTY PARTNERS LIMITED PARTNERSHIP

FILED
2002 SEP 26 AM 10: 31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000267 AB

Principal Place of Business	Mailing Address
88 RIVERS EDGE ROAD NORTH EAST MD 21901	88 RIVERS EDGE ROAD NORTH EAST MD 21901

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0927976 — 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
ROSE, ALAN B ESQ. 505 S. FLAGLER DRIVE SUITE 200 WEST PALM BEACH FL 33401	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

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 #	M01000000344	STREET ADDRESS	
NAME	EASTERN ALLIANCE, LLC	CITY-ST-ZIP	900008123559--1
STREET ADDRESS	88 RIVERS EDGE ROAD		-10/01/02--01008--020
CITY-ST-ZIP	NORTH EAST MD 21901		****541.25 ****541.25
DOCUMENT #		STREET ADDRESS	
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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)(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 REQUIRED 9-23-02 410-287-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (4/02)