

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000001767

1. Entity Name
INDIANTOWN REALTY PARTNERS LIMITED PARTNERSHIP




FILED
2004 JAN 16 AM 9:00
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Principal Place of Business
**88 RIVERS EDGE ROAD
 NORTH EAST, MD 21901**

Mailing Address
**88 RIVERS EDGE ROAD
 NORTH EAST, MD 21901**

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01072004 Chg-LP CR2E003 (10/03)

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

**ROSE, ALAN B ESQ.
 505 S. FLAGLER DRIVE
 SUITE 200
 WEST PALM BEACH, FL 33401**

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. 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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
STREET ADDRESS	88 RIVERS EDGE ROAD		
CITY-ST-ZIP	NORTH EAST, MD 21901		
DOCUMENT #		STREET ADDRESS	900027092379
NAME		CITY-ST-ZIP	01/16/04--01027--008 ##141.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **01/12/2004** **4102873003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #