2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A98000001767 INDIANTOWN REALTY PARTNERS LIMITED 05 MAY 26 AM 9: 05 **PARTNERSHIP** Principal Place of Business Mailing Address 88 RIVERS EDGE ROAD 88 RIVERS EDGE ROAD NORTH EAST MD 21901 NORTH EAST MD 21901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 65-0927976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSE, ALAN B ESQ. 505 S. FLAGLER DRIVE SUITE 200 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 City Zip Code FL 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, 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY M01000000344 DOCUMENT # STREET ADDRESS EASTERN ALLIANCE, LLC NAME STREET ADDRESS 88 RIVERS EDGE ROAD CITY-ST-ZIP CITY-ST-ZIP NORTH EAST MD 21901 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P 600056299896 CITY-ST-ZIP 96/17/05 -01929 -016 -×**83.75 DOCUMENT # STREET ADDRESS STREET ADDRESS -600056299896 06/17/05--01029--017_***52 CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST=ZIP DOCUMENT #4 STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP 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

CJAMES M. INVERAN 4-25-05

SIGNATURE TIPE OF BENTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: _