


FILED
08 JUL 18 PM 2:45
STATE
TALLAHASSEE, FLORIDA

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A98000001767

1. Entity Name
INDIANTOWN REALTY PARTNERS LIMITED PARTNERSHIP



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

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

200133055322
07/18/08--01037--001 **1000.00



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05292008 REIN-LP CR2E100 (1/07)

City & State

4. FEI Number
65-0927976

Applied For
 Not Applicable

Zip Country Zip Country

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 **Corporate Creations Network Inc.**
Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Rd #221E
City **Palm Beach Gardens FL** Zip Code **33140**

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE *J. Perkins, Vice President* DATE 7/16/08

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	MO1000000344
NAME	EASTERN ALLIANCE, LLC
STREET ADDRESS	88 RIVERS EDGE ROAD
CITY - ST - ZIP	NORTH EAST, MD. 21901
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

REINSTATEMENT 2007-2008

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

By: *Matthew R. Moran* Eastern Alliance LLC, a Delaware limited liability company, its General Partner

SIGNATURE: *Matthew R. Moran* DATE 7/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

By: Matthew R. Moran, Sole Manager

STAPLE CHECK HERE