

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 A.M.
Secretary of State

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,000.00

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M0100000344**
NAME **EASTERN ALLIANCE, LLC**
STREET ADDRESS **88 RIVERS EDGE ROAD**
CITY-ST-ZIP **NORTH EAST MD 21901**

STREET ADDRESS

CITY-ST-ZIP

300012457423
03/04/03 01079 010 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300012457423
02/13/03--01028--001 **52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Handwritten signature

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: *[Handwritten Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03.06.03

Date

410.287.3003

Daytime Phone #

CFR2E003 (10/02)