

# 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 #

CF2E003 (10/02)