

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:00

DOCUMENT # A99000000544

1. Entity Name
 INDIGO AIRSHIP LEASING, LTD., LLP



Principal Place of Business
 10800 ROOSEVELT BLVD.
 ST. PETERSBURG, FL 33716

Mailing Address
 AMA C/O D. GRAYSON
 450 CARILLON PKWY, STE 200
 ST. PETERSBURG, FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number
 59-3566636

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

MOREAN, WILLIAM D
 10800 ROOSEVELT BLVD.
 ST. PETERSBURG, FL 33716

Name MOREAN, WILLIAM D.
 Street Address (P.O. Box Number is Not Acceptable)
410 ASSET MGT. ADVISORS
450 CARILLON PKWY., STE. 200
 City ST. PETERSBURG FL Zip Code 33716

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MOREAN, WILLIAM D
 10800 ROOSEVELT BLVD.
 ST PETERSBURG, FL 33716

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE