

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 17 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02092007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A99000000544</b>	
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
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2. Principal Place of Business - No P.O. Box # <b>520 4TH ST. N.</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>ST. PETERSBURG, FL</b>	City & State
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Zip <b>33701</b>	Country <b>USA</b>	Zip	Country
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4. FEI Number <b>59-3566636</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MOREAN, WILLIAM D % ASSET MGT ADVISORS 450 CARILLON PKWY SUITE 200 ST. PETERSBURG, FL 33716	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	
DOCUMENT #	
NAME	MOREAN, WILLIAM D
STREET ADDRESS	10800 ROOSEVELT BLVD.
CITY-ST-ZIP	ST PETERSBURG, FL 33716
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	<b>520 4TH ST. N.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700101613997</b>
CITY-ST-ZIP	<b>05/04/07--01046--006 **508.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

**3-25-07**

Date Daytime Phone #

STAPLE CHECK HERE