


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 17 AM 11:37

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| DOCUMENT # A99000000544 |  |
| 1. Entity Name INDIGO AIRSHIP LEASING, LTD., LLP | |

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|---|---|
| Principal Place of Business 520 4TH ST N ST. PETERSBURG, FL 33701 | 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 # | 3. Mailing Address D. GRAYSON GenSpring Family Offices 450 Carillon Parkway Suite 200 St. Petersburg, FL 33716 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



04022008 Chg-LP CR2E003 (12/06)

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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 WILLIAM D. MOREAN Street Address (P.O. Box Number is Not Acceptable) c/o GenSpring Family Offices 450 Carillon Parkway Suite 200 St. Petersburg, FL 33716 City St. Petersburg, FL 33716 Zip Code FL | |
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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 ticked if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # | MOREAN, WILLIAM D | STREET ADDRESS | |
| NAME | 520 4TH ST N | CITY - ST - ZIP | 500123845045 04/17/08--01006--013 **508.75 |
| STREET ADDRESS | ST PETERSBURG, FL 33701 | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
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| CITY - ST - ZIP | | | |

STAPLE CHECK HERE

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 #

4-10-08