
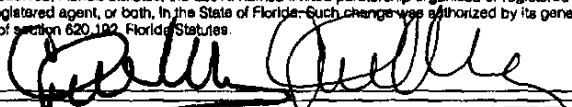
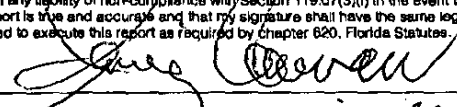


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 DEC 10 PM 4:44 SECRETARY OF STATE TALLAHASSEE FLORIDA NJH	
DOCUMENT # B02000000110 1. Name of Limited Partnership Indian Trail Groves L.P.					
2. Principal Office Address 18230 70th Road North Suite, Apt. #, etc.		3. Mailing Office Address P O Box 1057 Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 04-02-02	
City & State Loxahatchee, FL		City & State Loxahatchee, FL		5. FEI Number 65-1156715 Applied For Not Applicable	
Zip 33470	Country USA	Zip 33470 - 1057	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75. Additional Fee required for a Certificate of Status	
7a. Capital Contributions as shown on Record: \$1,013,352.00				7b. Amount of Capital Contributions in FLORIDA to date: \$1,013,352.00	
8. Name and Address of Current Registered Agent Name Charles C. Walsey Street Address (P.O. Box Number is Not Acceptable) 18230 70th Road North Suite, Apt. #, Etc. City Loxahatchee				FEES: 1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$62.50 and a maximum of \$437.50, for each year due this office. 2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) 				DATE 12/04/03	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s) Cowan Indian Trail LLC Friedland Indian Trail LLC		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3725 South Ocean Drive 186 Spyglass Lane		City, State and Zip Code Hollywood, FL 33019 Jupiter, FL 33477	
				10a. Registration Document Number L01000018114 L01000018115	
				500025384735 12/10/03--01021--006 **1035.00	
REINSTATEMENT 2003					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE 				DATE 12/04/03	
Typed or Printed Name of General Partner Signing Form IRVING COWAN				Telephone Number 561 793-9553	