
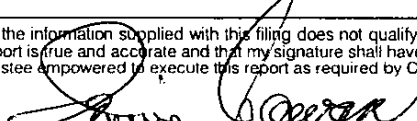


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:08

DOCUMENT # B02000000110			
1. Entity Name INDIAN TRAIL GROVES L.P.		SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JAN 30 AM 9:08	
Principal Place of Business 18230 70TH ROAD NORTH LOXAHATCHEE, FL 33470		Mailing Address P.O. BOX 1057 LOXAHATCHEE, FL 33470-1057	
2. Principal Place of Business - No P.O. Box # 3725 SOUTH OCEAN BLVD DR Suite, Apt. #, etc. 707		3. Mailing Address Suite, Apt. #, etc.	
City & State HOLLYWOOD FL		City & State	
Zip 33019	Country	Zip	Country
6. Name and Address of Current Registered Agent WALSEY, CHARLES 18230 70TH ROAD NORTH LOXAHATCHEE, FL 33470		4. FEI Number 65-1156715	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable) 3725 SOUTH OCEAN BLVD DR. #707			
City HOLLYWOOD		FL Zip Code 33019	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000018114 COWAN INDIAN TRAIL LLC 3725 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000018115 FRIEDLAND INDIAN TRAIL LLC 186 SPYGLASS LANE JUPITER, FL 33477	STREET ADDRESS CITY-ST-ZIP	
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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 #			