

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B02000000110**

1. Entity Name  
**INDIAN TRAIL GROVES L.P.**



Principal Place of Business  
**3725 SOUTH OCEAN DR  
SUITE 707  
HOLLYWOOD, FL 33019**

Mailing Address  
**3725 SOUTH OCEAN DR  
SUITE 707  
HOLLYWOOD, FL 33019**



01242008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1156715**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALSEY, CHARLES  
3725 SOUTH OCEAN DR #707  
LOXAHATCHEE, FL 33470**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008, Fee will be \$900.00**

**U00000869841  
04/09/08-80066-018 508.75**

**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 # **L01000018114**  
NAME **COWAN INDIAN TRAIL LLC**  
STREET ADDRESS **3725 SOUTH OCEAN DRIVE**  
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

DOCUMENT # **L01000018115**  
NAME **FRIEDLAND INDIAN TRAIL LLC**  
STREET ADDRESS **186 SPYGLASS LANE**  
CITY-ST-ZIP **JUPITER, FL 33477**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**3/20/08**

Date

**954-458-8998**

Daytime Phone #

STAPLE CHECK HERE