2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008127

Entity Name: INDIAN PALMS PARTNERS, LLC

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P.O. BOX 1090 349 HAVEN ROAD

PORT. ST. JOE, FL 32457 US PORT. ST. JOE, FL 32457 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1090 349 HAVEN ROAD

PORT. ST. JOE, FL 32457 US PORT. ST. JOE, FL 32457 US

FEI Number: 59-3773194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COSTIN, CHARLES A 413 WILLIAMS AVE

PORT ST. JOE, FL 32456 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete MGRM Title: () Change () Addition

CANNON, FRANK D Name: Name: Address: 5075 MINOLA RD Address: City-St-Zip: LITHONIA, GA 30038 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: WELLS, THOMAS Name: Address: 6084 OLD SYCAMORE RD. Address: City-St-Zip: BUFORD, GA 30518 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

NEWMAN, GEORGE S JR. Name: Name: Address: 8848 HIGHWAY 98 Address: City-St-Zip: PORT ST. JOE, FL 32456 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANK D CANNON **MGRM** 04/17/2007