2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012115

Entity Name: INDIAN RIVER PLANTATION PROPERTIES, LLC

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2 KINGBIRD LANE PO BOX 6234

KEY WEST, FL 33040 JENSEN BEACH, FL 34957

Current Mailing Address: New Mailing Address:

2 KINGBIRD LANE PO BOX 6234

KEY WEST, FL 33040 JENSEN BEACH, FL 34957

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

PRIBRAMSKY, STEVEN OHLSON, ED

937 FLEMING ST 145 NE EDGEWATER DRIVE KEY WEST, FL 33040 US SUITE 4101

KEY WEST, FL 33040 US SUITE 4101 STUART, FL 34996 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: ED OHLSON 01/11/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 OHLSON, ED
 Name:
 OHLSON, ED

 Address:
 2 KINGBIRD LN
 Address:
 PO BOX 6234

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: JENSEN BEACH, FL 34957

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

 Name:
 Name:
 OHLSON, KRISTINE

 Address:
 Address:
 PO BOX 6234

 City-St-Zip:
 City-St-Zip:
 JENSEN BEACH, FL 34957

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: ED OHLSON MGRM 01/11/2006