


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A25791**  
1. Entity Name  
VISTAS OF NAPLES, LTD.



Principal Place of Business: 4200 GULF SHORE BOULEVARD NORTH, NAPLES, FL 34103  
Mailing Address: 4200 GULF SHORE BOULEVARD NORTH, NAPLES, FL 34103

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_



02172004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0045227  
Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LUTGERT, SCOTT F  
4200 GULF SHORE BLVD., NORTH  
NAPLES, FL 33940

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: \$6,000,000.00  
10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

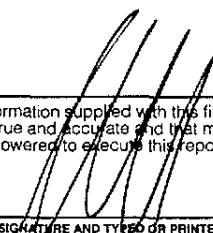
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	K03624	STREET ADDRESS	
NAME	VISTAS DEVELOPERS OF NAPLES, INC.	CITY - ST - ZIP	
STREET ADDRESS	4200 GULF SHORE BLVD. N.		
CITY - ST - ZIP	NAPLES, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

LOG#036157782  
05/06/04-80037-017 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Vice President of General Partnership 4/27/04 (239) 261-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #