


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004817 AV

<b>DOCUMENT # A25791</b> 1. Entity Name <b>VISTAS OF NAPLES, LTD.</b>	
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**FILED**  
03 APR 16 AM 7:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business <b>4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103</b>	Mailing Address <b>4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number <b>65-0045227</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

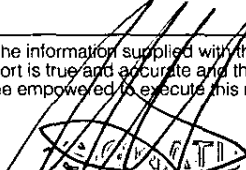
9. Capital Contributions as Shown on record. <b>\$6,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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A GENERAL PARTNER THAT IS A BUSINESS 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 #	<b>K03624</b>
NAME	<b>VISTAS DEVELOPERS OF NAPLES, INC.</b>
STREET ADDRESS	<b>4200 GULF SHORE BLVD. N.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100016084461</b>
CITY-ST-ZIP	<b>04/16/03--01004--014 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

**HOWARD B. GUTMAN**  
 SIGNATURE:  PRESIDENT OF GEN. PARTNERSHIP 4/11/03 (239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE