

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32287**

1. Entity Name

LE CIEL PARK TOWER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 AM 10:15



Principal Place of Business 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103	Mailing Address 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 34103-3436
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0298982**

Applied For
Not Applicable

Zip	Country
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Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUTGERT, SCOTT F
4200 GULF SHORE BOULEVARD NORTH
NAPLES FL 33940**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

M 3/18/00

9. Capital Contributions as Shown on record. **\$8,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY - ST - ZIP	S97406 LE CIEL PARK TOWER, INC. 4200 GULF SHORE BLVD. N. NAPLES FL	STREET ADDRESS CITY - ST - ZIP	800003164808--4 -03/10/00--01019--007 ***526.25 ***526.25
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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:

SIGNATURE REQUIRED

VICE-PRESIDENT OF GENERAL PARTNERSHIP

2/21/00

(941) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #