2002 UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT NAME STREET ADDRESS -U4/3D/702U1U81U23 *****535.00 *****535.00 *****535.00 *******535.00 *****535.00 *****535.00 *****535.00 *****535.00 *****535.00 *****535.00 *****535.00 *****535.00 *****535.00 ****535.	DOCUMENT # A9400000550 1. Entity Name				Mary State of Mary 1999			
APPLES PL SHOOD APPLES								
Suite, April 4 acc. City 6 State	4200 GULF SHORE BOULEVARD NORTH 4200 GULF SHORE BOUL		BOULEVARD	NORTH	O2 APR 22 PM 3: 23 SEGRETARY OF STATE TALLAHASSEE FLORIDA			
City & State Ci	Principal Place of Business 3. Mailing Address		-		- I LOPIEN, INIO UPIN OURN OUNI ENNY EONN OUNI URNÎ ÎTÎNA ENNÎ BÎNN OUNI ÎTÎN			
The above named entity submits this statement for the purpose of changing its registered agent. CATALANO, ANTHONY J 4001 TAMAM ITRAL NORTH, SUITE 404 NAPLES FL 33940 City	Suite, Apt. #, etc. Suite, Apt. #, etc.			**************************************	DUE BY MAY 1, 2002			
Signature 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CATALANO, ANTHONY J 4001 TAMAM TRAIL NORTH, SUITE 404 NAPLES FL. 33940 City FL. Zip Code C	·	City & State City & State				4. FEI Number 65-0468145		
CATALANO, ANTHORY J 4001 TAMIAMI TRAIL NORTH, SUITE 404 NAPLES FI, 33940 City FL Zip Code City FL Zi	l Zip			Coun	itry	5. Certificate of Status Desired		8.75 Additional
#####\$535.00 ####\$53940 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Code City FL Zip		6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Reg	istered A	gent
NAPLES FL 33940 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 9. Capital Contributions shown needs of registered agent and list if applicable. 9. Capital Contributions shown needs is \$15,000,000.00 10. Anount of Capital Contributions in FLORIDA to date. NOTE: General Partners MAY NOT be changed on the form; an emendment must be filled to change a general partners MAY NOT be changed on the form; an emendment must be filled to change a general partners. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 14. ADDRESS CHANGES ONLY 15. RIVAGE OF NAPLES, INC. 16. STREET ADDRESS 17. ST. 2P 18. CONSTRUCT OF NAPLES, INC. 18. STREET ADDRESS 18. STREET					Street Address (P.O. Box Number is Not Acceptable)			
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 Fiorida. Signature Signa								
SIGNATURE Sequence, speel or provided more of registered appeal and title 1 explications. 9. Capital Contributions as Shown on record. 9. Capital Contributions as Shown on record. 15.000.000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SER REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 13. ADDRESS CHANGES ONLY 14. PROMOTE OF NAPLES, INC. 15. ADDRESS CHANGES ONLY 16. STREET ADDRESS 17. ST. 2P 17. ST	.=14.			İ	City		FL	Zip Code
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LE RIVAGE OF NAPLES, INC. \$TREET ADDRESS OFFW-ST-2P DOCUMENT / MANE SITEET ADDRESS OFFW-ST-2P SITEET ADDRESS OFFW-ST-2P DOCUMENT / MANE SITEET ADDRESS		GENERAL PARTNER	INFORMATION		,			
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STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP A. I hereby certify that the information subplied with his living 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 above attained they 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 exactle this report as required by Chapter 620, Florida Statutes HOWARD B. GUTMAN SIGNATURE: (941) 261–6100	CITY-ST-ZIP DOCUMENT #			CITY-	ST-ZIP			
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SIGNATURE: 4/8/22 (941) 261-6100		ertify that the information supplied with on this report is true and account attended er or trustee empowered to execute this	his flip does not qualify be not gualify be not go does not qualify be not go does not gualify the not go does not go does not go does not gualify the not go does not gualify the not go does not qualify the not go does not	for the exemulation for the same labeled for the sa	ption stated in Se egal effect as if m orida Statutes TMAN	ection 119.07(3)(i), Florida Statutes. I furt nade under oath; that I am a General Pa	ther certify rtner of the	that the information limited partnership or
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