SIGNATURE:

DOCUMENT # A9500000218  1. Entity Name						
LE JARDIN OF NAPLES, LTD.					OZ ADD	
Principal Place of Business 4200 GULF SHORES BOULEVARD NORTH NAPLES FL 34103		Mailing Address 4200 GULF SHORES BOULEVARD NORTH NAPLES FL 34103		) NORTH	FILED  02 APR 22 PH 3: 23  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business     3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	DUE BY MAY 1, 2002	
City & State		City & State			4. FEI Number 65-0610758 Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			<u></u>	7. Name and Address of New Registered Agent Name		
CATALANO, ANTHONY J 4001 TAMIAMI TRAIL NORTH #404 NAPLES FL 33940				Street Address (P.O. Box Number is Not Acceptable)		
				City	<b>□</b> Zip Code	
<ol> <li>The above named entity submits this statement for the purpose of changing its regi</li> </ol>						
GIGNATURE _	Signature, typed or printed name of registered agent a	ind title if applicable.			DATE	
Capital Cor as Shown o	on record.   \$\Phi 12,500,000.00\$	10. Amount of Ca in FLORIDA t	o date.	:	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	NOTE: General Partners MA	Y NOT be changed or	ENTITY M n the form	IUST BE REGI n; an amendm	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
2. OCUMENT#	GENERAL PARTNER INFORMATION  P95000012190				ADDRESS CHANGES ONLY	
AME TREET ADDRESS ITY-ST-ZIP	LE JARDIN OF NAPLES, INC. 4200 GULF SHORE BOULEVARD NORTH NAPLES FL 33940			-ST-ZIP	0000053957304	
OCUMENT #			STRE	ET ADDRESS	<del>-04/30/0201081024</del> ****535.00 ****535.00	
TREET ADDRESS ITY-ST-ZIP			CITY	-ST-ZIP		
OCUMENT #		e e e e e e e e e e e e e e e e e e e	STRE	ET ADDRESS	man and the second seco	
TREET ADDRESS TY-ST-ZIP			CITY	-ST-ZIP		
DCUMENT #			STRE	ET ADDRESS		
TY-ST-ZIP			CITY-	-ST-ZiP		
OCUMENT #  AME  TREET ADDRESS			STREI	ET ADDRESS		
TY-ST-ZIP	<u>.</u>		СІТУ-	ST-ZIP		
OCUMENT #  AME REET ADDRESS			STREE	ET ADDRESS		
TY-ST-ZIP	ertify that the information aunalisation	his form dans and area		ST-ZIP	2001	
indicated of the receive	on this report is true and accurate and or or trustee empowered in execute his	rils pripg does not qualify hat my signature shall have bort as required by Chi	tor the exenve the same apter 620, F	mption stated in S legal effect as if Florida Statutes B. GUTMA	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	
SIGNATI		RE RIVICE P	RESIDE	NT OF GEN	NERAL PARTNER 4/18/02 (941) 261-6100	