

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:21

DOCUMENT # A95000000218

1. Entity Name
LE JARDIN OF NAPLES, LTD.



Principal Place of Business
4200 GULF SHORES BOULEVARD NORTH
NAPLES, FL 34103

Mailing Address
4200 GULF SHORES BOULEVARD NORTH
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0610758

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATALANO, ANTHONY J
4001 TAMiami TRAIL NORTH #250
NAPLES, FL 33940

Name
Robert C. Zundel Jr.

Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North

Suite 250

City Naples FL Zip Code 34103

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

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

Robert C. Zundel Jr.

4/30/2008

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # P95000012190
NAME LE JARDIN OF NAPLES, INC.
STREET ADDRESS 4200 GULF SHORE BOULEVARD NORTH
CITY-ST-ZIP NAPLES, FL 33940

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Howard B. Gutman

Vice President of General Partner

4/30/2008 (239) 261-6100

Date

Daytime Phone #

STAPLE CHECK HERE