

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000848

1. Entity Name

4227 ENTERPRISE AVENUE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 102 CLUBHOUSE DR., SUITE 377, NAPLES FL 34105
Mailing Address: 102 CLUBHOUSE DR., SUITE 377, NAPLES FL 34105-2901

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0845489** Applied For Not Applicable

Zip Country Zip Country 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

BURKE, WILLIAM M ESQ.
C/O BOND, SCHOENECK & KING, P.A.
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$980,000.00** 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	P98000030534 4227 ENTERPRISE AVENUE, INC. 102 CLUBHOUSE DR., SUITE 377 NAPLES FL 34105	STREET ADDRESS	200003230312--3 -04/28/00--01114--020 ****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

SIGNATURE: DIRECTOR 4/3/00 941-261-8337
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR21E003 (9/99)