


2001 UNIFORM BUSINESS REPORT (UBR)

0010790 AF

DOCUMENT # A98000000848
 1. Entity Name
4227 ENTERPRISE AVENUE, LTD.

FILED
 01 APR 16 AM 10:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

4. FEI Number: **65-0845489**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BURKE, WILLIAM M ESQ.
C/O BOND, SCHOENECK & KING, P.A.
1167 THIRD STREET SOUTH, SUITE 107
NAPLES FL 34102

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$980,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: **36,599.00**
 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	
DOCUMENT #	P98000030534
NAME	4227 ENTERPRISE AVENUE, INC.
STREET ADDRESS	102 CLUBHOUSE DR., SUITE 377
CITY-ST-ZIP	NAPLES FL 34105
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500004081985-1
CITY-ST-ZIP	-04/26/01--01081--021
	***345.00 ***345.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

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: Mary C. Tobin-Keller **MARY C. TOBIN-KELLER** 3/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER / Date Daytime Phone #