


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -3 PM 1:27


<b>DOCUMENT # A98000000848</b> 1. Entity Name 4227 ENTERPRISE AVENUE, LTD.	
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Principal Place of Business 102 CLUBHOUSE DR., SUITE 377 NAPLES, FL 34105	Mailing Address 102 CLUBHOUSE DR., SUITE 377 NAPLES, FL 34105
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2. Principal Place of Business 2236 Viewpoint Dr Suite, Apt. #, etc.	3. Mailing Address 2236 Viewpoint Dr Suite, Apt. #, etc.
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City & State Naples, FL	City & State Naples, FL
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Zip 34110	Country USA	Zip 34110	Country USA
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03292004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0845489	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  BURKE, WILLIAM M ESQ. C/O BOND, SCHOENECK & KING, P.A. 1167 THIRD STREET SOUTH, SUITE 107 NAPLES, FL 34102	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right">FL</span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$980,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 CITY-ST-ZIP	2236 Viewpoint Dr Naples, FL 34110
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<del>500033107855</del> 04/20/04--01007--015 **676.25
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STAPLE CHECK HERE

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

<b>SIGNATURE:</b> <u>Mary C. Tobin</u>	Date <u>4/6/04</u>	Daytime Phone # <u>239 591 3541</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>