


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 2005 APR 14 PM 1:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000000848			
1. Entity Name 4227 ENTERPRISE AVENUE, LTD.			
Principal Place of Business 2236 VIEWPOINT DRIVE NAPLES, FL 34110		Mailing Address 2236 VIEWPOINT DRIVE NAPLES, FL 34110	
2. Principal Place of Business 4251 LAKE FOREST DRIVE		3. Mailing Address 4251 LAKE FOREST DRIVE	
Suite, Apt. #, etc. #214		Suite, Apt. #, etc. #214	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 34134		Zip 34134	
Country		Country	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$980,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	P98000030534	STREET ADDRESS	4251 LAKE FOREST DRIVE #214
NAME	4227 ENTERPRISE AVENUE, INC.	CITY-ST-ZIP	BONITA SPRINGS, FL 34134
STREET ADDRESS	2236 VIEWPOINT DRIVE		
CITY-ST-ZIP	NAPLES, FL 34110		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: <i>Mary Catherine Tobin-Keller</i>		TOBIN-KELLER (239) 495-3581	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

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