


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015353 AT

DOCUMENT # A98000001729 1. Entity Name NAPLES FAIRWAYS DEVELOPMENT, LTD.	
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FILED

03 MAR -4 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5672 STRAND COURT, SUITE #1 NAPLES FL 34110	Mailing Address 5672 STRAND COURT, SUITE #1 NAPLES FL 34110
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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DUE BY MAY 1, 2003	
4. FEI Number 59-3530800	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SALVATORI, LEO J
4501 NORTH TAMAMI TRAIL, SUITE 300
NAPLES FL 34103

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. 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.	

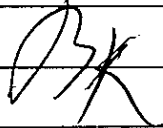
9. Capital Contributions as Shown on record. \$17,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P97000104328 NAME FAIRWAYS DEVELOPMENT OF NAPLES, INC. STREET ADDRESS 5672 STRAND COURT, SUITE #1 CITY-ST-ZIP NAPLES FL 34110	STREET ADDRESS CITY-ST-ZIP
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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: 	1/10/03 (239) 597-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE