2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002521

1. Entity Name

NAPLES CFC ENTERPRISES, LTD.

FILED
01 JUN 22 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4851 TAMIAMI TRAIL N. #400 NAPLES FL 34103	4851 TAMIAMI TRAIL N. #400 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200 P.O. Box 102
City & State	City & State Willmar MN
Zip / Country	Zip 56201 / Country

4. FEI Number 59-3546060 ☐ Applied For ☐ Not Applicable

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
CONROY, J. THOMAS III MORRISON & CONROY, P.A. 3838 TAMIAMI TRAIL NORTH, SUITE 402 NAPLES FL 34103	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 _____ 3-15-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$300,000.00	1761434	526.25

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 #	P98000047981	STREET ADDRESS	103 15TH Ave NW, Suite 200, POBox 102
NAME	NAPLES ENTERPRISES, INC.	CITY-ST-ZIP	Willmar, MN 56201
STREET ADDRESS	4851 TAMIAMI TRAIL NORTH, #400		
CITY-ST-ZIP	NAPLES FL 34103		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	100004445781--9
NAME			06/26/01 01051-005
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E009 (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: _____ 6/14/01 320/235-7207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #