


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002521

1. Entity Name
NAPLES CFC ENTERPRISES, LTD.



Principal Place of Business
**4851 TAMiami TRAIL N., #400
 NAPLES, FL 34103**

Mailing Address
**103 15TH AVE., N.W.
 SUITE 200, P.O. BOX 1020
 WILLMAR, MN 56201**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01292004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
59-3546060

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CONROY, J. THOMAS III
 2640 GOLDEN GATE PARKWAY, STE. 115
 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. **\$1,761,434.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,761,434.00**

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	
NAME	NAPLES ENTERPRISES, INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	4851 TAMiami TRAIL N., #400		000000070453
CITY-ST-ZIP	NAPLES, FL 34103		02728704-80024-022 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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)(f), 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: _____ **1/29/04 320/235-7207 #12**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #