

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 180 A1

DOCUMENT # A99000001280

1. Entity Name

BERKSHIRE RESERVE OF NAPLES, LTD.

FILED

01 AUG 28 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1600 WELLESLEY CIRCLE
NAPLES FL 34116

Mailing Address

1600 WELLESLEY CIRCLE
NAPLES FL 34116

2. Principal Place of Business

3. Mailing Address

3536 WINIFRED ROW LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State
NAPLES FL

4. FEI Number

59-3505063

Applied For

Not Applicable

Zip

Country

Zip

34116

Country

USA

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

PFEUFFER, WILLIAM
1124 GOODLETTE ROAD
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.

SIGNATURE

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.

\$300.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **M99000000769**
NAME **GLACID INVESTMENTS III, AN OHIO LLC**
STREET ADDRESS **1600 WELLESLEY CIRCLE**
CITY-ST-ZIP **NAPLES FL 34116**

STREET ADDRESS **3536 WINIFRED ROW LANE**
CITY-ST-ZIP **NAPLES, FLORIDA 34116**

DOCUMENT #
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CITY-ST-ZIP

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(s) all 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/22/01

Date

455 8174

Daytime Phone #

CR2E003 (5/01)