

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000002173

1. Entity Name

BELLAGIO AT THE COLONY, LTD.



Principal Place of Business

**5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108-2709**

Mailing Address

**5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108-2709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0969310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E003 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, GARY
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108-2709**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record

\$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

**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 # **P99000109583**
NAME **BELLAGIO AT THE COLONY, INC.**
STREET ADDRESS **5801 PELICAN BAY BLVD., SUITE 300**
CITY - ST - ZIP **NAPLES FL 34108-2709**

STREET ADDRESS

CITY - ST - ZIP

U000000139738

04/23/04-80134-014 141.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-13-04

STAPLE CHECK HERE