


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 22 PM 2:37

DOCUMENT # A98000001729

1. Entity Name
NAPLES FAIRWAYS DEVELOPMENT, LTD.



Principal Place of Business Mailing Address
**5672 STRAND COURT, SUITE #1
NAPLES FL 34110** **5672 STRAND COURT, SUITE #1
NAPLES FL 34110**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent

**SALVATORI, LEO J
4501 NORTH TAMiami TRAIL, SUITE 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **JANET KELLY**

Street Address (P.O. Box Number is Not Acceptable)
5672 STRAND COURT

SUITE 1

City **NAPLES** FL Zip Code **34110**

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]* **Janet Kelly Treasurer** DATE **3/11/04**

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

**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

DOCUMENT #	P97000104328
NAME	FAIRWAYS DEVELOPMENT OF NAPLES, INC.
STREET ADDRESS	5672 STRAND COURT, SUITE #1
CITY-ST-ZIP	NAPLES FL 34110
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	400032192724 04/08/04-01016-005 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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)(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]* **Janet Kelly Treasurer** 3/11/04 (239)592-9888

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