


**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 *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	<b>400032192724</b> <del>04/08/04-01016-005 **535.00</del>
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: *Janet Kelly Treasurer* DATE **3/11/04** (239)592-9888 Daytime Phone #