


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000002252		
1. Entity Name ESTERO NORTH POINT, LTD.		

05 MAY -1 AM 9:40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34013	Mailing Address 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34013
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03082006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3991273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CATALANO, ANTHONY J 4001 TAMiami TRAIL NORTH, #250 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	
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

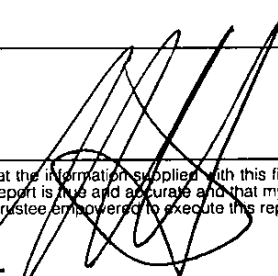
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000164661	STREET ADDRESS	
NAME	ESTERO NORTH POINT, INC.	CITY-ST-ZIP	
STREET ADDRESS	4200 GULF SHORE BLVD. NORTH		
CITY-ST-ZIP	NAPLES, FL 34013		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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~~05/16/06 01019-017 **500.00~~

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Howard B. Gutman, Vice President of Gen. Partners**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (239) 261-6100