

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:21

**DOCUMENT # A95000000218**

1. Entity Name  
LE JARDIN OF NAPLES, LTD.



Principal Place of Business  
4200 GULF SHORES BOULEVARD NORTH  
NAPLES, FL 34103

Mailing Address  
4200 GULF SHORES BOULEVARD NORTH  
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 Chg-LP CR2E003 (12/06)

4. FEI Number  
65-0610758

Applied For  
Not Applicable

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

CATALANO, ANTHONY J  
4001 TAMiami TRAIL NORTH #250  
NAPLES, FL 33940

Name  
Robert C. Zundel Jr.

Street Address (P.O. Box Number is Not Acceptable)  
4001 Tamiami Trail North

Suite 250

City  
Naples FL Zip Code  
34103

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

Robert C. Zundel Jr.

4/30/2008

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 # P95000012190  
NAME LE JARDIN OF NAPLES, INC.  
STREET ADDRESS 4200 GULF SHORE BOULEVARD NORTH  
CITY-ST-ZIP NAPLES, FL 33940

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Howard B. Gutman

Vice President of General Partner

4/30/2008 (239) 261-6100

Date

Daytime Phone #

STAPLE CHECK HERE