

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**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**

FILED

03 APR 15 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **65-0610758**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 #404  
NAPLES FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4001 TAMiami TRAIL NORTH, #250**

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. **\$12,500,000.00**

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 # **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

**000016081810**  
**04/15/03--01090--027 \*\*526.25**

DOCUMENT #  
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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

**HOWARD B. GUTMAN**

SIGNATURE:

**SIGNATURE RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**PRESIDENT OF GEN. PARTNERSHIP**

**4/11/03 (239) 261-6100**

Date

Daytime Phone #

CR2E003 (10/02)

0004782 AV