

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

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A0000000299					
1. Entity Name THE NAPLES FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 4320 LIVE OAK BOULEVARD PALM HARBOR FL 34685			Mailing Address 4320 LIVE OAK BOULEVARD PALM HARBOR FL 34685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3625520	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAPLES, JOHN D 4320 LIVE OAK BOULEVARD PALM HARBOR FL 34685			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$282,750.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	



MOORE CR2E003 (11/03)

**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 #	NAPLES, JOHN D	STREET ADDRESS	
NAME	4320 LIVE OAK BOULEVARD	CITY - ST - ZIP	
STREET ADDRESS	PALM HARBOR FL 34685		
CITY - ST - ZIP			
DOCUMENT #	NAPLES, JEANNE M	STREET ADDRESS	
NAME	4320 LIVE OAK BOULEVARD	CITY - ST - ZIP	
STREET ADDRESS	PALM HARBOR FL 34685		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

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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: John D. Naples (John D. Naples) 2-02-04 727-773-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #