


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000299**  
1. Entity Name  
**THE NAPLES FAMILY LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**4320 LIVE OAK BOULEVARD**      **4320 LIVE OAK BOULEVARD**  
**PALM HARBOR FL 34685**      **PALM HARBOR FL 34685**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country



1ST MOORE      CR2E003 (10/04)

4. FEI Number      Applied For  
**59-3625520**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NAPLES, JOHN D**  
**4320 LIVE OAK BOULEVARD**  
**PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent  
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  
Signature, typed or printed name of registered agent and title if applicable

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record      \$282,750.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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02/19/05-80003-025 525.25

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*      1-25-05      727-773-1311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE