


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Mar 03, 2008 08:00 AM
Secretary of State**

DOCUMENT # A00000000299	
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
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1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-3625520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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
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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 date of application

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State**

**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 STREET ADDRESS CITY - ST - ZIP	NAPLES, JOHN D 4320 LIVE OAK BOULEVARD PALM HARBOR FL 34685
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	U00000846997 03/19/08-80001-004 500.00
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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: John D. Naples John D. Naples Date: 2-4-08 Daytime Phone: 727-773-1311
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER