LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000348

1. Entity Name

Wild Pines of Naples, Phase II, LTD.

FILED

2002 APR 12 PM 4:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
27401 Counntry Club Drive	27401 Country Club Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34134 Country: USA	Zip: 34134 Country: USA

DUE BY MAY 1

4. FEI Number: 650454492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas J. Conroy, III

Street Address (P.O. Box Number is Not Acceptable): Morrison & Conroy, P.A.
3838 Tamiami Trail North, Suite 402

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$10.00	$10.00	

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

DOCUMENT #	B98000000218
NAME	Nicholson Limited Partnership
STREET ADDRESS	3838 Tamiami Trail North Suite 402
CITY-ST-ZIP	Naples, FL 34103
DOCUMENT #	
NAME	
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CR2E003B (12/01)

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: Nicholson Limited Partnership
By _____ (941) 947-8422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
Alexander W. Nicholson, Jr.