2002	UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # A0000000643				•				FILED		
HARVEY PROPERTIES, LTD.						02 APR 15 PM 12: 25				
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Principal Place of Business 3780 FORT CHARLES DRIVE NAPLES FL 34102-7935		Mailing Address 3780 FORT CHARLES DRIVE NAPLES FL 34102-7935			i fil li	ŢĄ'LLAH	ASSEC, LE			
2. Principal P	lace of Business	3. Mailing Address 5811 Pelican Bay Blvd.								
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 600				DUE E	BY MAY 1, 200)2		
City & State	9	City & State Naples, Florida				4. FEI Numb	er 59-3646	465		Applied For Not Applicable
Zip	Country	Zip 34108	Cour	ntry		5. Certificate	of Status Desir			5 Additional Required
	6. Name and Address of Current F					7. Name and	Address of No	ew Registered A	gent	
NEUHARTH, GAIL K ESQ. 5811 PELICAN BAY BLVD., SUITE 600 NAPLES FL 34108				Street Ar 5811 Ste 6	ddress (F Peli	R WHITE MYERS KRAUSE dress (P.O. Box Number is Not Acceptable) Pelican Bay Blvd. 00				
				City Naples FL Zip Code 34108				io Code 34108		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, cr both, in the State of Florida. FOWLER WHITE MYERS KRAUSE Andrew J. Krause 4-6-82										
Signature, typed or printed name of regital dependance and little if applicable. 9. Capital Contributions \$10,000,000.00 10. Amount of Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 0								CHECK PAYABLE VERSE SIDE FOR		
••	A GENERAL PARTNER TI NOTE: General Partners MA									
12.	GENERAL PARTNER	<u>_</u>	13.					CHANGES ONL'		
DOCUMENT #	P00000037720 HARVEY PROPERTIES, INC. 3780 FORT CHARLES DRIVE NAPLES FL 34102-7935		STR	FREET ADDRESS 5811 Pelican Bay Blvd.						
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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:

CITY-S7-ZIP