

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A00000000907**

1. Entity Name  
**FOSTER INVESTMENTS OF NAPLES, LIMITED PARTNERSHIP**



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**04 MAR 16 AM 10:31**

Principal Place of Business  
**701 RIVERSIDE PARK PLACE, SUITE 110**  
**JACKSONVILLE, FL 32204**

Mailing Address  
**701 RIVERSIDE PARK PLACE, SUITE 110**  
**JACKSONVILLE, FL 32204**



2. Principal Place of Business  
**4570 ST. JOHNS AVENUE**  
 Suite, Apt. #, etc.  
**SUITE 1A**  
 City & State  
**JACKSONVILLE, FL**  
 Zip  
**32210** Country  
**USA**

3. Mailing Address  
**4570 ST. JOHNS AVENUE**  
 Suite, Apt. #, etc.  
**SUITE 1A**  
 City & State  
**JACKSONVILLE, FL**  
 Zip  
**32210** Country  
**USA**

02052004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3650637**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**YONG, FRANK J**  
**701 RIVERSIDE PARK PLACE, SUITE 110**  
**JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent

Name  
**- SAME -**

Street Address (P.O. Box Number is Not Acceptable)  
**4570 ST. JOHNS AVENUE**  
**SUITE 1A**  
 City  
**JACKSONVILLE** **FL** Zip Code  
**32210**

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.

9. Capital Contributions as Shown on record. **\$4,000,000.00**

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 # **P00000043253**  
 NAME **JOHN & JANE FOSTER, INC.**  
 STREET ADDRESS **701 RIVERSIDE PARK PLACE, SUITE 110**  
 CITY - ST - ZIP **JACKSONVILLE, FL 32204**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4570 ST. JOHNS AVENUE, SUITE 1A**  
 CITY - ST - ZIP **JACKSONVILLE, FL 32210**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
**200031758802**  
 CITY - ST - ZIP  
**04/02/04--01079--019 --\$526.25**

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 CITY - ST - ZIP

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 - Foster Jr** **JOHN H. FOSTER JR.** **3-09-2004** **336-861-0003 EXT. 224**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #