2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A0000000907 DOCUMENT

1. Entity Name FOSTER INVESTMENTS OF NAPLES, LIMITED PARTNERSHI

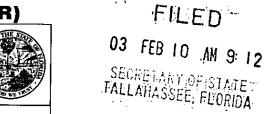


Principal Place of Business 701 FISK STREET, STE. 110 JACKSONVILLE FL 32204

2. Principal Place of Business 701 Riverside Park Place

Mailing Address 701 FISK STREET. STE. 110 JACKSONVILLE FL 32204

3. Mailing Address





/UI RIVEISIGE PAIR Place			701 Riverside Park Place			1				
Suite, Apt. #, etc. Suite 110			Suite, Apt. #, etc. Suite 110			DUE BY MAY 1, 2003				
/City & State ◆Jacksonville, Florida			City & State Jacksonville, Florida			4. FEI Numbe	59-365063	37	Applied Fo	
Zip 3220		Country USA	Zip 32204	Country USA	7	5. Certificate	of Status Desire	d \square	\$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered A	gent	
YONG, F 701 FISK	Street Address (P.O. Box Number is Not Acceptable) 701 Riverside Park Place									
JACKSON	Suite 110									
8. The above	City J a	City Jacksonville FL Zip Code 32204 istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept								
are obligat	tions of registe	ered agent.	the purpose of changing its r	egistered office c	r registere	ed agent, or both	n, in the State of	Florida. I am fa	amiliar with, and acc	.ept
SIGNATURE	Signature, typed o	r printed name of registered agent a	nd title if applicable.			-		DATE		
9. Capital Co as Shown	Contributions te.						TE			
	A G NOTE:	General Partners MA	HAT IS A BUSINESS ENT / NOT be changed on the	ITY MUST BE form; an ame	REGIST	ERED AND A	CTIVE WITH T	THE OFFICE		
12.	*	GENERAL PARTNER	INFORMATION	13.				HANGES ONL		
DOCUMENT # NAME STREET ADDRESS:	NAME JOHN & JANE FOSTER, INC. 701 FISK STREET, STE. 110 JACKSONVILLE FL 32204					701 Riverside Park Place Suite 110				
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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:

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