2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

FILED DUE BY MAY 1, 2005 Mar 01, 2005 08:00 A DOCUMENT # A02000000248 **Secretary of State** 1. Entity Name BELLAVISTA AT MIROMAR LAKES LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 4770 ALBERTON COURT, SUITE 2602 NAPLES FL 34105 4770 ALBERTON COURT, SUITE 2602 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 27-0003082 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATEMAN, ARTHUR L Street Address (P.O. Box Number is Not Acceptable) 4770 ALBERTON COURT, SUITE #2602 NAPLES FL 34105 City Zip Code 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. 11. FILE NOW!!! Oue by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. 10. Amount of Capital Contributions \$1,200,000.00 9. Capital Contributions \$1,200,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT# P01000122280 STREET ADDRESS BELLAVISTA AT MIROMAR LAKES, INC. NAME STREET ADDRESS 4770 ALBERTON COURT, SUITE 2602 CITY-ST-7P NAPLES FL 34105 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT# SIREFT ADDRESS NAME STREET ADDRESS CHY-ST-ZiP CITY - S1 - 21P DOCHMENT # STREET ADDRESS NAME STREET ADDRESS U00000247675 03/01/05-80033-010_526_25 CITY ST-ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-SI-ZIP DOCUMENT

14. I hereby certify that the information supplied with this filling 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 if Irue 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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-7IP

STREE! ADDRESS

STREET AUDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GE

ian President / 2-22-05