

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A02000001356

1. Entity Name
HARVEY GROUP, LTD.



FILED

2005 APR 26 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4480 7TH AVENUE N.W.
NAPLES, FL 34119

Mailing Address
4480 7TH AVENUE N.W.
NAPLES, FL 34119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005 Chg-LP CR2E003 (10/03)

4. FEI Number
16-1634967

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN, RICHARD S ESQ.
COLLIER PLACE I
3003 TAMiami TRAIL NOth, SUITE 300
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name Carl Westman
Street Address (P.O. Box Number is Not Acceptable)
Cohen & Grigsby, P.C.
Collier Place, 3003 Tamiami Tr 4th 300
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

4-22-05

9. Capital Contributions
as Shown on record. \$30,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000109136
NAME HARVEY GROUP, INC.
STREET ADDRESS 4480 7TH AVENUE N.W.
CITY-ST-ZIP NAPLES, FL 34119

STREET ADDRESS 600054344486
CITY-ST-ZIP 05/12/05 01000 017 **535.00

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Rodney D. Harvey

4-20-2005 239-348-1149

STAPLE CHECK HERE