2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000236

1. Entity Name
NEBUS FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business
3100 NORTH ROAD
NAPLES, FL 34104

Mailing Address
3100 NORTH ROAD
NAPLES, FL 34104

04212005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 56-2314708 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR
STEWART & STEWART, ATTORNEYS AT LAW
9180 GALLERIA CT., STE. 700
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

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

9. Capital Contributions as Shown on record. $4,999,990.00

10. Amount of Capital Contributions in FLORIDA to date. 4,999,990.

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 #	P04000007511	STREET ADDRESS	
NAME	ROCK CREEK PHASE III CORPORATION		
STREET ADDRESS	3100 NORTH ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES, FL 34104		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	900000345856 04/30/05-80050-015 526.25
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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: JoAnne Nebus JoAnne Nebus PARTNER 4-22-05 239-643-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #