


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A03000000867		
1. Entity Name GREEN ACRES OF NAPLES, LLLP		

FILED

2005 APR 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 27730 FAYGIN LANE BONITA SPRINGS FL 34135	Mailing Address 27730 FAYGIN LANE BONITA SPRINGS FL 34135
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1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address 5659 STRAND COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 101	
City & State		City & State NAPLES FL	
Zip	Country	Zip 34110	Country USA

4. FEI Number 65-1192478	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES FL 34109	
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7. Name and Address of New Registered Agent	
Name JACKIE LARSON	
Street Address (P.O. Box Number is Not Acceptable) 5659 STRAND COURT	
SUITE 101	
City NAPLES	FL Zip Code 34110

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 JACKIE LARSON <i>Jackie Larson</i>	DATE 1/31/05

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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#52625

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 #		STREET ADDRESS	
NAME	GLASE, JAMES	CITY-ST-ZIP	
STREET ADDRESS	27730 FAYGIN LANE		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		
DOCUMENT #		STREET ADDRESS	000054036210
NAME		CITY-ST-ZIP	05/09/05--01012--004 **526.25
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/31/05 2395933883
Date Daytime Phone #

STAPLE CHECK HERE