## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED Apr 27, 2007 08:00 A Secretary of State

1. Entity Name GREEN ACRES OF NAPLES, LLLP						Secretary of St		
Principal Place of Business 27730 FAYGIN LANE BONITA SPRINGS, FL 34135			STE 101	5659 STRAND COURT		. I METIEK IBM FRASE JAM BEMI BEMI BEMI BEMI BEMI BEMI BEMI	1101 (1110 1111) (1210) (1210)	
Principal Place of Business - No P.O. Box #     Mailing Address				•				
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			04252007 Chg-LP CR2E	003 (12/06)	
City & State			City & State	City & State		4. FEI Number 65-1192478	Applied For Not Applicable	
Zip	p Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent		
LARSON, JACKIE 5659 STRAND COURT						ddress (P.O. Box Number is Not Acceptable)		
SUITE 101 NAPLES, FL 34110				1		, , , , , , , , , , , , , , , , , , ,		
					City	FL	Zip Code	
8. The above the obligat	named entitions of regist	y submits this stateme tered agent.	nt for the purpose of changing	g its register	red office or register	red agent, or both, in the State of Florida. I am	familiar with, and accept	
Signature					•	DATE		
		After May	IOW!!! FEE IS \$500.00 1, 2007, Fee will be \$	900.00				
						FERED AND ACTIVE WITH THIS OFFICE It must be filed to change a general pa		
12.	GENERAL PARTNER INFORMAT			13.	ADDRESS CHANGES ONLY		LY	
DOCUMENT / NAME STREET ADDRESS	1	ROBERT P ANO COURT #101		STR	EET ADDRESS			
CITY-ST-ZIP		FL 34100	. ;	СПУ	r-ST-ZIP	U0000073	9166	
DOCUMENT / NAME				STRI	EET ADDRESS	US/14/U/~8U	015-001 500.01	
STREET ADDRESS CITY-ST-ZIP			,	СПҮ	/-ST-ZIP			
DOCUMENT / NAME		-	-	STRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				СІТҮ	r-ST-ZIP			
DOCUMENT / NAME	,		-	STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			•	CITY	r-ST-ZIP			
DOCUMENT / NAME				STRI	EET ADDRESS			
STREET ADDRESS City-St-Zip			•	CITY	'-ST-ZIP			
DOCUMENT / NAME				STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP			
14. I heroby of indicated or the rec	certify that the on this repor eiver or trusto	e information supplied t is true and accurate se empowered to exe	with this filling does not qual and that my signature shall ha ute this report as required by	of the example of the same of	xemptions contained e legal offect as if m 0, Florida Statutes	d in Chapter 119, Florida Statutes. I further co lado under oath; that I am a General Partner c	rtify that the information if the limited partnership	