


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 3: 53

DOCUMENT # A04000000444 1. Entity Name NAPLES HARBOUR, LTD.					
Principal Place of Business 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301		Mailing Address 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142008 Chg-LP CR2E003 (12/06)	
4. FEI Number 34-1988060				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name Robert Esposito	
Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation				Street Address 300 SE 2nd Street	
City Fort Lauderdale				FL	Zip Code 33301
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 _____		Robert Esposito		1/31/08	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
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 # NAME STREET ADDRESS CITY - ST - ZIP	P04000048681 NAPLES HARBOUR, INC. 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301		STREET ADDRESS	800121510588 03/28/08--01012--004 **500.00	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Terry W. Stiles		January 31, 2008 954-627-9300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE