



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:34

DOCUMENT # A04313 1. Entity Name NAPLES DINNER THEATRE ASSOCIATES, LTD.					
Principal Place of Business PO BOX 4733 SANTA ROSA BEACH, FL 32459			Mailing Address PO BOX 4733 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4937 Suite, Apt. #, etc.			
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL		03252005 Chg-LP CR2E003 (10/03)	
Zip 32459		Country USA		4. FEI Number 59-1699933	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YOVANOVICH, RICHARD ESQ GOODLETTE COLEMAN & JOHNSON 4001 TAMiami TRAIL NORTH, STE 300 NAPLES, FL 34103			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$640,000.00		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 #	NAME		STREET ADDRESS		
STREET ADDRESS	FISKE, RICHARD D TRUSTEE		CITY - ST - ZIP		
CITY - ST - ZIP	985 AQUA CIRCLE NAPLES, FL 34102				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ANDERSON, HELEN S F TRUSTEE		CITY - ST - ZIP		
CITY - ST - ZIP	985 AQUA CIRCLE NAPLES, FL 34102				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
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: <i>Helen S. Fiske Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/25/05 239-2930112 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE