

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:42

**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 4937  
 SANTA ROSA BEACH, FL 32459

2. Principal Place of Business  
 P.O. Box 4937

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 59-1699933

Applied For  
 Not Applicable

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

City & State  
 SANTA ROSA Beach, FL.

City & State

Zip  
 32459

Country  
 USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOVANOVICH, RICHARD ESQ  
 GOODLETTE COLEMAN & JOHNSON  
 4001 TAMiami TRAIL NORTH, STE 300  
 NAPLES, FL 34103

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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  
 FISKE, RICHARD D TRUSTEE  
 985 AQUA CIRCLE  
 NAPLES, FL 34102

STREET ADDRESS  
 CITY-ST-ZIP  
 P.O. Box 252  
 Glorieta, New Mexico 87535

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ANDERSON, HELEN S F TRUSTEE  
 985 AQUA CIRCLE  
 NAPLES, FL 34102

STREET ADDRESS  
 CITY-ST-ZIP  
 P.O. Box 4937  
 SANTA ROSA BEACH, FLORIDA 32459

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200074077762  
 05/05/06--01043--027 \*\*500.00

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: *Helen S Fiske Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/06 239-293-0112

Date Daytime Phone #

STAPLE CHECK HERE