



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 27

DOCUMENT # A04313 1. Entity Name NAPLES DINNER THEATRE ASSOCIATES, LTD.					
Principal Place of Business PO BOX 4937 SANTA ROSA BEACH, FL 32459			Mailing Address PO BOX 4937 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		02132008 Chg-LP CR2E003 (12/06)	
4. FEI Number 59-1699933				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 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>					
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	FISKE, RICHARD D TRUSTEE PO BOX 252 CLORIETA, NM 87535		STREET ADDRESS CITY - ST - ZIP	166 La Cueva Road GLORIETA, NEW MEXICO 87535	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ANDERSON, HELEN S F TRUSTEE PO BOX 4937 SANTA ROSA BEACH, FL 32459		STREET ADDRESS CITY - ST - ZIP	000127325250 04/30/08 01018 016 **500.00	
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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: <i>Helen S. Fiske Anderson</i>			2/25/08 239-293-0112		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE