

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000001

**FILED**  
**Mar 05, 2009**  
**Secretary of State**

**Entity Name:** NAPLES FLORIDA II, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

505 SOUTH FLAGLER DRIVE  
SUITE 1100, ATTN. PETER HOLTON  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

1813 SILAS DEANE HIGHWAY  
ATTN. JOHN POTVIN  
ROCKY HILL, CT 06067 US

**New Mailing Address:**

**FEI Number:** 16-1725504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P04000171522  
Name: NAPLES FLORIDA IIGP, INC.  
Address: 505 SOUTH FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NAPLES FLORIDA II GP, INC

\_\_\_\_\_  
Electronic Signature of Signing General Partner

03/05/2009

\_\_\_\_\_  
Date