

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:42

DOCUMENT #A05000001323

1. Entity Name
**NAPLES BIG CYPRESS MARKET PLACE LIMITED
PARTNERSHIP, LLLP**



Principal Place of Business
**720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102**

Mailing Address
**720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292008

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number
20-4497866

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102**

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, 2008, Fee will be \$900.00**

**300128357703
05/05/08--01008--019 **\$500.00**

**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 # **L96000000440**
NAME **BASIK DEVELOPMENT, LLC**
STREET ADDRESS **720 GOODLETTE ROAD, SUITE 305**
CITY-ST-ZIP **NAPLES, FL 34102**

STREET ADDRESS

CITY-ST-ZIP

**3021 Airport Rd. #202
Naples, FL 34105**

DOCUMENT #
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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE