

2001 UNIFORM BUSINESS REPORT (UBR)

0010688 AF

DOCUMENT # **A08382**

1. Entity Name

IMMOKALEE INVESTMENTS, LTD.

FILED

01 JAN 29 AM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3033 RIVIERA DR. SUITE 201 NAPLES FL 34103	Mailing Address 3033 RIVIERA DR. SUITE 201 NAPLES FL 34103
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-2166718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUDD, DAVID G.
3033 RIVIERA DRIVE
SUITE 201
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$130.00	10. Amount of Capital Contributions in FLORIDA to date. \$130.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT #	649481
NAME	AHR ENTERPRISES, INC.
STREET ADDRESS	4500 EXECUTIVE DRIVE
CITY-ST-ZIP	NAPLES FL 34119
DOCUMENT #	649458
NAME	RH OF NAPLES, INC.
STREET ADDRESS	4500 EXECUTIVE DRIVE
CITY-ST-ZIP	NAPLES FL 34119
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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: BY: **AHR ENTERPRISES, INC.** **1/26/01** **(941) 263-7700**

DAVID G. BUDD, VICE PRESIDENT

Signature and Typed or Printed Name of Signing General Partner

Date Daytime Phone #

CR2E003 (11/00)