2000 UNIFORM BUSINESS REPORT (UBR)								
DOCUI	MENT # A1424			,				
ENCHANTING ACRES, A LIMITED PARTNERSHIP					FILED			
					00 MAY 22 PM 4: 20			
Principal Place of Business Mailing Address  139-ENCHANTING-BLVD.  139 ENCHANTING BLVD.					SECRETARY OF STATE			
NAPLES -FL 34112 NAPLES FL 34112-6279					TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address 3.205 Wh				treetsw				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			PACE	
City & State Gity & State			Fl	59-22/83// Not Appl			Applied For Not Applicable	
Zip	Country Zip 34 11 to		Coun	5. Certificate of Status Des			8.75 Additional ee Required	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent					
MC					any K. Bienc			
139 ENCHANTING BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34112					<u> </u>			
				city Lac	The Janes FL 39996			
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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION								
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 ONL		
Document# Name	G28141 E.A.C. OF NAPLES, INC.			ET ADDRESS 32	3205 60th Street SIW			
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14. I hereby o	certify that the information supplied with	this filing does not qualify fo	or the exe	mption stated in S	ection 119.07(3)(i), Flo	rida Statutes. I further cert	ify 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: STOWATKIREURED 1-1100							``	
SIGNATURE: Date Daytime Phone #								