

2002 UNIFORM BUSINESS REPORT (UBR)

0015100 AT

DOCUMENT # A14247

1. Entity Name
ENCHANTING ACRES, A LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 3205 60TH STREET, SW
 NAPLES FL 34116

Mailing Address
 3205 60TH STREET, SW
 NAPLES FL 34116



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

DUE BY MAY 1, 2002

4. FEI Number 59-2278377 **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BIEHL, MARY K
 3205 60TH STREET, SW
 NAPLES FL 34116

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$410,000.00 **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 ONLY	
DOCUMENT #	G28141	STREET ADDRESS	
NAME	E.A.C. OF NAPLES, INC.	CITY-ST-ZIP	
STREET ADDRESS	3205 60TH STREET, SW		
CITY-ST-ZIP	NAPLES FL 34116		
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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: *Mary K Biehl* **1/10/02** **352-7472**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **941-643**
 Date Daytime Phone #

CR2E003 (9/01)