


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A14247 1. Entity Name ENCHANTING ACRES, A LIMITED PARTNERSHIP					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIEHL, MARY K 3205 60TH STREET, SW NAPLES, FL 34116			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$410,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mary K Biehl</i>			Date: <i>4/18/04</i>		Daytime Phone #: <i>239 825-8398</i>



04192004 Chg-LP CR2E003 (10/03)

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

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

STAPLE CHECK HERE