

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**98 FEB 13 AM 10:45**

**1. Name of Limited Partnership**

**1a. DOCUMENT #  
A20012**

**NAPLES BUSINESS PARK, A PETERSON GROUP LIMITED PARTNERSHIP**



902/17

**Mailing Address**

7340 GALLAGHER DRIVE  
EDINA MN 55435

**Principal Office Address**

7340 GALLAGHER DRIVE  
EDINA MN 55435

**3. Date Formed or Registered**

05/24/1985

**5a. Capital Contributions as Shown on record.**

**\$1,600,000.00**

**3a. Date of Last Report**

10/23/1996

**5b. Amount of Capital Contributions in FLORIDA to date.**

**\$1,600,000**

**4. State or Country of Formation**

**MN**

**2. Mailing Address**

**2a. Principal Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. FEI Number**

**41-1542761**

☐ Applied For  
☒ Not Applicable

**7. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**8. Make check payable to: Dept. of State (See reverse side for fee information)**

**9. Name and Address of Current Registered Agent**

**PETERSON, DAVID L.  
1054 FOREST LAKE DRIVE  
# 201  
NAPLES FL 33940**

**10. If changed, new Registered Agent/Office**

Name

Street Address (P.O. Box Number) **55435-148-1**

Suite, Apt. #, etc.

**\*\*\*\*526.25 \*\*\*\*526.25**

City

**FL**

Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**11. Name(s) of General Partner(s)**

**11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)**

**11b. City, State & Zip Code**

**11c. Registration/Document Number**

**PETERSON, DAVID L.**

**7340 GALLAGHER DR**

**EDINA MN 55435**

**PETERSON, KATHLEEN E.**

**7340 GALLAGHER DR**

**EDINA MN 55435**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE

DATE

**2/10/98**

Typed or Printed Name of General Partner Signing Form

**1-612-835-9232**

CR2E003 (12/97)