
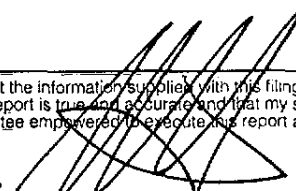


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A26283 1. Entity Name ENCLAVE OF NAPLES, LTD.					
Principal Place of Business 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103			Mailing Address 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103		
2. Principal Place of Business Suite, Apt #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt #, etc. _____ City & State _____ Zip _____ Country _____		
4. FEI Number 65-0046454				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 LUTGERT, SCOTT E 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 33940			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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$6,000,000.00		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 #	M76701		STREET ADDRESS		
NAME	ENCLAVE DEVELOPERS, INC.		CITY- ST- ZIP		
STREET ADDRESS	4200 GULF SHORE BLVD.N				
CITY- ST- ZIP	NAPLES, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
CITY- ST- ZIP					

STAPLE CHECK HERE



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.

HOWARD B. GUTTMAN
VICE PRESIDENT OF GEN. PARTNER

SIGNATURE:

4.31.05 (239) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #