2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A29330

1. Entity Name
QUAIL WEST, LTD.

Principal Place of Business	Mailing Address
6289 BURNHAM RD NAPLES, FL 33999	6289 BURNHAM RD NAPLES, FL 33999

2. Principal Place of Business	3. Mailing Address
Suite Apt # etc	Suite Apt # etc
City & State	City & State
Zip / Country	Zip / Country

04272004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0177111 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HESSE, SANDRA 6289 BURNHAM ROAD NAPLES, FL 33999	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
Signature, typed or printed name of registered agent and title, if applicable

9. Capital Contributions as Shown on record	$250,000,000.00	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 #	L39924	STREET ADDRESS	
NAME	SDK OF NAPLES, INC.	CITY ST ZIP	
STREET ADDRESS	6289 BURNHAM RD		
CITY ST ZIP	NAPLES, FL 34119		
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	H00000159211 05/10/04--80021-023 525.25
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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.

Contact person:
Ed Lantz
(239)597-6311

SIGNATURE: Randall W. Rohner (Randall W. Rohner) 04/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #