

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # A29463**1. Entity Name
NAPLES ORANGETREE, LTD.

Principal Place of Business	Mailing Address
3620 N. 53RD AVENUE	3620 N. 53RD AVENUE
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0166571

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGOLAN AMNON
3620 NORTH 53RD AVE.HOLLYWOOD FL
33021 US**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 **AMNON GOLAN, PRES, AMNON GOLAN ENTERPRISES****04/27/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 800,000.0010. Amount of Capital Contributions
in FLORIDA to date. 800,000.00**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 #		STREET ADDRESS	3620 NORTH 53RD AVE.
NAME	AMNON GOLAN ENTERPRISES, INC.	CITY-ST-ZIP	HOLLYWOOD FL 33021
STREET ADDRESS	3620 NORTH 53RD AVE.		
CITY-ST-ZIP	HOLLYWOOD FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: **AMNON GOLAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**PRES** **04/27/2001**

Date

Daytime Phone #

CR2E003 (11/00)