

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A 29463**

1. Entity Name

NAPLES ORANGETREE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:13

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19111 COLLINS AVE

Suite, Apt. #, etc.

801

3. Mailing Address

19111 COLLINS AVE

Suite, Apt. #, etc.

801

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

SUNNY ISLES BCH, FL

City & State

SUNNY ISLES BCH, FL

4. FEI Number

65-0166571

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GOLAN, AMNON

Street Address (P.O. Box Number is Not Acceptable)

19111 COLLINS AVE

#801

City

SUNNY ISLES BEACH

FL

Zip Code

33160

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

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

DATE

9. Capital Contributions
as Shown on record.

800,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**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

DOCUMENT #

M26539

NAME

AMNON GOLAN ENTERPRISES INC

STREET ADDRESS

19111 COLLINS AVE #801

CITY - ST - ZIP

SUNNY ISLES BEACH, FL 33160

STREET ADDRESS

CITY - ST - ZIP

600005577396--8

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

-05/21/02--01062--020

*******526.25 *****526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

5/1/02

Daytime Phone #

954-382-0020

CR2E003B (12/01)