

**2006 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2006****FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State****DOCUMENT # A29503**1. Entity Name  
OLDE NAPLES LAND PARTNERS, LTD.Principal Place of Business  
3096 TAMiami TRAIL N  
SUITE 4  
NAPLES, FL 34103Mailing Address  
PO BOX 767  
NAPLES, FL 34106**DO NOT WRITE IN THIS SPACE**

04272006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
59-3559349Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**FERNSTROM, CARL M  
3096 TAMiami TRAIL N  
SUITE 4  
NAPLES, FL 34103**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00****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 # P96000010816  
NAME ALLIANCE CAPITAL, INC.  
STREET ADDRESS 3096 TAMiami TRAIL N, STE 4  
CITY-ST-ZIP NAPLES, FL 34103DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIPU00000554106  
05/15/06-80075-014 500.00**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CARL M. FERNSTROM

4/27/06

234-403-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #