


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A29503 1. Entity Name OLDE NAPLES LAND PARTNERS, LTD.	
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Principal Place of Business 3096 TAMiami TRAIL N SUITE 4 NAPLES, FL 34103	Mailing Address PO BOX 767 NAPLES, FL 34106
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02142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3559349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

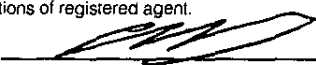
DO NOT WRITE IN THIS SPACE

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

2/14/08

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

U00000835770
02/29/08-80047-013 500.00

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 34103
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

2/14/08

DAYTIME PHONE #

239-403-9700

STAPLE CHECK HERE