

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN -6 PM 2:52



1. Name of Limited Partnership

1a. DOCUMENT #
A32696

PHD ASSOCIATES OF NAPLES, LTD.

Mailing Address
**2223 TRADE CENTER WAY
NAPLES FL 33942**

Principal Office Address
**2223 TRADE CENTER WAY
NAPLES FL 33942**

3. Date Formed or Registered
03/16/1992

5a. Capital Contributions as
Shown on record.
\$800,000.00

3a. Date of Last Report
02/05/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$800,000.00

4. State or Country of Formation
FL

6. FEI Number
65-0409698

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

1055 Grand Isle Ct.

Suite, Apt. #, etc.

2a. Principal Office Address

1055 Grand Isle Ct.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip Country

34108 USA

City & State

Naples, FL

Zip Country

34108 USA

9. Name and Address of Current Registered Agent

**PRIMEAU, RICHARD G.
2223 TRADE CENTER WAY
NAPLES FL 33942**

10. If changed, new Registered Agent/Office

Name

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

1055 Grand Isle Ct.

Suite, Apt. #, etc.

City

Naples

FL

Zip Code

34108

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Richard A. Primeau

DATE

12-30-96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

PHD HOLDINGS OF FL, LTD.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**2223 TRADE CENTER WAY
1055 Grand Isle Ct.**

11b. City, State & Zip Code

NAPLES FL 34108

11c. Registration/
Document Number

A32693

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-01/14/97--01149--018
****576.25 ****576.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE of FL, Inc. its g.p. by *Richard A. Primeau*

DATE

12-30-96

Typed or Printed Name of General Partner Signing Form

Richard G. Primeau

Daytime Telephone Number

941-594-7584