

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 FEB 13 PM 12:15

1. Name of Limited Partnership

1a. DOCUMENT #  
A92000000251

CPB PARTNERS, LTD.



Mailing Address

5551 RIDGEWOOD DRIVE, SUITE 203  
NAPLES FL 33963

Principal Office Address

5551 RIDGEWOOD DRIVE, SUITE 203  
NAPLES FL 33963

3. Date Formed or Registered  
12/30/1992

5a. Capital Contributions as  
Shown on record

~~\$2,200,000.00~~ OK  
678,455.00

3a. Date of Last Report  
01/02/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

678,455.00

2. Mailing Address

2a. Principal Office Address

Site, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number  
65-0376371

☐ 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)

9. Name and Address of Current Registered Agent

MAC'KIE, PAMELA S ESQUIRE  
5551 RIDGEWOOD DRIVE, SUITE 201  
NAPLES FL 33963

10. If changed, new Registered Agent/Office

Name  
G. HELEN ATHAN, ESQ  
Street Address (P.O. Box Number Is Not Acceptable)  
5551 RIDGEWOOD DRIVE  
Suite, Apt. #, etc.  
SUITE 203  
City  
NAPLES FL Zip Code  
33963

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)

G. Helen Athan

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

SCC OF NAPLES, INC.

5551 RIDGEWOOD DRIVE,

NAPLES FL 33963

P92000015247

400002090754--S  
-02/18/97--01093--002  
\*\*\*\*\*585.00 \*\*\*\*\*585.00

cus/KWM

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

C. PAUL GRIFFIN

DATE 12-30-96

Type or Printed Name of General Partner Signing Form

Daytime Telephone Number

941-546-2800

CR2E003 (6/96)