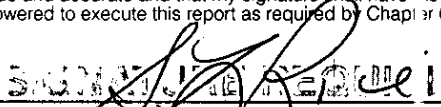



# 2001 UNIFORM BUSINESS REPORT (UBR)

0009709 AF

<b>DOCUMENT # A93000000667</b>			
1. Entity Name <b>NAPLES S.C. COMPANY, LTD.</b>			
Principal Place of Business <b>7646 N. LOCKWOOD RIDGE RD. SARASOTA FL 34243</b>		Mailing Address <b>1733 W. FLETCHER AVE. TAMPA FL 33612</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>BLALOCK, LANDERS, WALTERS &amp; VOLGER, P.A. 802 11TH ST., WEST BRADENTON FL 34205</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. <b>\$171,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>625859</b>	STREET ADDRESS	
NAME	<b>WEST INVESTMENT COMPANY, INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>21301 POWERLINE RD., STE 312</b>		
CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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: 		Date <b>4/25/01</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

APPROVED  
AND  
FILED  
  
01 APR 30 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)