2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 16, 2005 08:00 AM Secretary of State

|  | DOCUMENT # A9400000550  1. Entity Name LE RIVAGE OF NAPLES, LTD.   |  |                     |  | Secretary of Star                  |   | etary of State                        |
|--|--|--|---------------------|--|------------------------------------|---|---------------------------------------|
|  | Principal Place of Business  4200 GULF SHORE BOULEVARD NORTH  NAPLES, FL 34103  Mailing Address  4200 GULF SHORE BOULEVARD NORTH  NAPLES, FL 34103   |  |                     | ULEVAR   | D NORTH                            |   |                                       |
|  | 2. Principal Place of Business 3. Mailing Address  |  |                     |  | <del></del>                        |   |                                       |
|  | Suite, Apt #, etc.   |  | Suite, Apt. #, etc. | Suite. Apt. #, ētc.                                |                                    | 03032005 Chg-LP C                         | R2E003 (10/03)                        |
|  | City & State   |  | City & State        |  |                                    | 4. FEI Number<br>65-0468145               | Applied For Not Applicable            |
| •  | Zip  | Country  | Zip                 | Coun   | ntry                               | 5. Certificate of Status Desired          | \$8.75 Additional<br>Fee Required     |
|  | 6. Name and Address of Current Registered Agent CATALANO, ANTHONY J 4001 TAMIAMI TRAIL NORTH, SUITE 404 NAPLES, FL 33940   |  | _£.                 | Name   | 7. Name and Address of New Regist  | ered Agent                                |                                       |
|  |  |  |                     | Street Address (P.O. Box Number is Not Acceptable) |                                    |   |                                       |
|  | _  |  |                     | · <del></del>                                      | City                               |   | FL Zip Code                           |
|  | 8. The above named chility submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  SIGNATURE  Signature, typod or printed name of registered agent and fille if applicable.  9. Capital Contributions as Shown on record.  \$15,000,000.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS  |  |                     |  | outions                            |   | DATE                                  |
|  | NOTE: General Partners MAY NOT be changed on the form; an amendmen   |  |                     |  | t must be filed to change a genera | il partner.                               |                                       |
| }  | DOCUMENT #   | GENERAL PARTNER INFORMATION ANT P93000078910   |                     |  |                                    | ADDRESS CHANGE                            | \$ ONLY                               |
|  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STREET ADDRESS 4200 GULF SHORE BOULEVARD NORTH |                     |  | -SI-ZIP                            |   |                                       |
|  | DOCUMENT # NAME STREET ADDRESS   |  |                     | STRE   | ET ADDRESS                         | U00000366981<br>US/16/05-90016-009-526,25 |                                       |
| [—   | CITY-ST-ZIP  |  |                     | CITY-  | -\$1-ZIF                           |   |                                       |
| HERE   | DOCUMENT # NAME STREET ADDRESS   | -  |                     |  | ET ADDRESS                         | · · · · · · · · · · · · · · · · · · ·     | · · · · · · · · · · · · · · · · · · · |
|  | CITY-ST-ZIP  | -  |                     | CITY-  | -ST-ZIP                            |   |                                       |
|  | DOCUMENT # NAME STREET ADDRESS   |  |                     | STREE  | ET ADDRESS                         |   |                                       |
|  | CITY-ST-ZIP  |  |                     | CITY   | ·S1-ZIP                            | <del></del>                               | <del></del>                           |
| CHECK THE  | NAME<br>STREET ADDRESS   |  |                     |  | ET ADDRESS ST- ZIP                 |   |                                       |
| STAPLE (   | DOCUMENT #   |  |                     | STREE  | ET ADDRESS                         |   |                                       |
|  | STREET ADDRESS<br>CITY-ST-ZIP  | EET ADDRESS                                    |                     |  | ST-2IP                             |   |                                       |
|  | 14. I hereby certify that the information study 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 indicated on the report indicated |  |                     |  |                                    |   |                                       |
| SIGNATURE:  VICE PRESIDENT OF GEN. PARTNER  Date of SIGNING GENERAL PARTNER  Date of SIGNING GENERAL PARTNER |  |  |                     |  |                                    |   | 239) 261-6100                         |