2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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TALLAHASSEE, FLORIDA DOCUMENT # A9400000550 08 MAY - 1 AM 8: 21 1. Entity Name LE RIVAGE OF NAPLES, LTD. Principal Place of Business Mailing Address 4200 GULF SHORE BOULEVARD NORTH 4200 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number 65-0468145 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert C. Zundel Jr CATALANO, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH, SUITE 404 4001 Tamiami Trail North NAPLES, FL 33940 Suite 250 City Zip Code FL 34103 Naples. ment for the purpose of changing its registed office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this state the obligations of registered a Robert C. Zundel 4/30/2008 SIGNATURE Signature, typed or printed name of registered agent and titl DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 ADDRESS CHANGES ONLY P93000078910 DOCUMENT # STREET ADDRESS LE RIVAGE OF NAPLES, INC. NAME 4200 GULF SHORE BOULEVARD NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 33940 400129042 701708-01031-017 DOCUMENT 4 704 STREET ADDRESS NAME កភ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-71P CITY-ST-ZIE 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 entrowered to execute his report as required by Chapter 620. Florida Statutes Howard B. Gutman Vice President of General Partner 4/30/2008 (239) 261-6100 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE