

2002 UNIFORM BUSINESS REPORT (UBR)

0004672 AV

DOCUMENT # A95000000218

1. Entity Name

LE JARDIN OF NAPLES, LTD.

Principal Place of Business

4200 GULF SHORES BOULEVARD NORTH
NAPLES FL 34103

Mailing Address

4200 GULF SHORES BOULEVARD NORTH
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0610758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATALANO, ANTHONY J

4001 TAMiami TRAIL NORTH #404

NAPLES FL 33940

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$12,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000012190
NAME LE JARDIN OF NAPLES, INC.
STREET ADDRESS 4200 GULF SHORE BOULEVARD NORTH
CITY-ST-ZIP NAPLES FL 33940

STREET ADDRESS

CITY-ST-ZIP

000005395730--4

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

04/30/02-01081-024
***535.00 ***535.00

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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

HOWARD B. GUTMAN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRESIDENT OF GENERAL PARTNER

4/18/02

(941) 261-6100

Date

Daytime Phone #

CR2E003 (9/01)