## 2004 LIMÍTED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

the receiver or trustee empowered

SIGNATURE:

W. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE nivising 12 horporations DOCUMENT # A96000001934 04 MAR 12 PM 12: 38 EAGLE RIDGE LAKES DEVELOPMENT, LTD. Principal Place of Business Mailing Address 4158 LORRAINE AVE. 4158 LORRAINE AVE. NAPLES, FL 34104 NAPLES, FL 34104 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0723616 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIESKY, JAMES H Street Address (P.O. Box Number is Not Acceptable) 1000 N. TAMIAMI TRAIL, SUITE 201 NAPLES, FL 34102 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. DATE 10. Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$1,134,020.60 as Shown on record. 127,149,52 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P95000075954 DOCUMENT # STREET ADDRESS F C PROPERTIES, INC. NAME 4158 LORRAINE AVENUE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP DOCUMENT # P95000075948 STREET ADDRESS OSPREY PROPERTIES, INC. STREET ADDRESS 1500 OSPREY AVENUE CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34112 DOCUMENT # STREET ADDRESS R.H. OF NAPLES, INC. STREET ADDRESS 5672 STRAND CT. #1 CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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