

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001958**

1. Entity Name

CARLISLE AT NAPLES, LTD.

Principal Place of Business

**3225 AVIATION AVE., STE. 700
COCONUT GROVE FL 33133**

Mailing Address

**3225 AVIATION AVE., STE. 700
COCONUT GROVE FL 33133**

2. Principal Place of Business

3. Mailing Address

4101 RAVENSWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

City & State

DANIA, FL

Zip

Country

Zip

33312

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0703424

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STEWART, MARCUS

**3225 AVIATION AVE., STE. 700
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

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.

\$5,625,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$526.25

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

DOCUMENT # **P96000086034**
NAME **CARLISLE AT NAPLES, INC.**
STREET ADDRESS **3225 AVIATION AVE., STE. 700**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900005503249--5
-05/10/02--01060--020
****535.00 ****535.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E003 (9/01)