

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A97000000416**

1. Entity Name  
**TBI/NAPLES LIMITED PARTNERSHIP**



Principal Place of Business  
**3103 PHILMONT AVENUE  
HUNTINGDON VALLEY, PA 19006**

Mailing Address  
**3103 PHILMONT AVENUE  
HUNTINGDON VALLEY, PA 19006**

**FILED**  
**2004 APR 26 AM 9:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**04062004 Chg-LP CR2E003 (10/03)**

City & State

City & State

4. FEI Number  
**23-2883354**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. **\$9,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$9,500.00**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000082800**  
NAME **TOLL FL GP CORP.**  
STREET ADDRESS **3103 PHILMONT AVENUE**  
CITY-ST-ZIP **HUNTINGDON VALLEY, PA 19006**

STREET ADDRESS

CITY-ST-ZIP

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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

**SIGNATURE:**

**Kenneth J. Gary, Sr.** of **Toll FL GP Corp.**, General Partner

**4/15/04**

**(215) 938-8000**

Date

Daytime Phone #