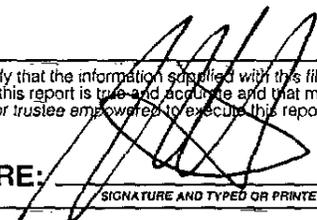


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000000474					
1. Entity Name PROVENCE OF NAPLES, LTD.					
Principal Place of Business 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103			Mailing Address 4200 GULF SHORE BLVD. 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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CATALANO, ANTHONY J 4001 TAMiami TRAIL NORTH, #250 NAPLES, FL 34103				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>					
9. Capital Contributions as Shown on record: \$21,250,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P97000017432		STREET ADDRESS		
NAME	PROVENCE OF NAPLES, INC.		CITY-ST-ZIP		
STREET ADDRESS	4200 GULF SHORE BLVD. NORTH				
CITY-ST-ZIP	NAPLES, FL 33940				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
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)(f), 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: 			HOWARD B. GUTMAN		
			VICE PRESIDENT OF GEN. PARTNER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #
					4.22.05 (239) 261-6100



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0732527** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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05/16/05 00016 016 526.25

STAPLE CHECK HERE