2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001640

1. Entity Name

PETRA OF NAPLES, LTD.

FILED

00 JUL -7 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10686 GULF SHORE DR SUITE A-103 NAPLES FL 34108	10686 GULF SHORE DR SUITE A-103 NAPLES FL 34108-3041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1827 TRADE CENTER WAY	1827 TRADE CENTER WAY
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. #3
City & State Naples, FL	City & State Naples FL
Zip 34109 Country USA	Zip 34109 Country USA

4. FEI Number 59-3459487 ☐ 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
MUSUMANO, PATSY 10686 GULF SHORE DR SUITE A-103 NAPLES FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) 1827 TRADE CENTER WAY, #3 City Naples **FL** Zip Code 34109

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] 3/30/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$400,000.00	$470,000.	

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 filled to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000062284	STREET ADDRESS	1827 TRADE CENTER WAY, #3
NAME	PETRA DEVELOPMENT, CORP.	CITY-ST-ZIP	NAPLES, FL 34109
STREET ADDRESS	5961 18TH AVE., N.W.		
CITY-ST-ZIP	NAPLES FL 34119		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	FF $526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000003313360--4
STREET ADDRESS			07/05/00--01079--028
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

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 REQUIRED 3/30/00 (941) 594-7985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #