


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001640		
1. Entity Name PETRA OF NAPLES, LTD.		

Principal Place of Business 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109	Mailing Address 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04022004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3459487	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MUSUMANO, PATSY
 2100 TRADE CENTER WAY, SUITE D
 NAPLES, FL 34109

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

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record \$470,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P97000062284	STREET ADDRESS	
NAME	PETRA DEVELOPMENT, CORP.	CITY - ST - ZIP	
STREET ADDRESS	2100 TRADE CENTER WAY, SUITE D		
CITY - ST - ZIP	NAPLES, FL 34109		
DOCUMENT #		STREET ADDRESS	000000145949
NAME		CITY - ST - ZIP	05/03/04-80045-017 526.25
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CITY - ST - ZIP			

STAPLE CHECK HERE

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: _____	DATE: 4/20/04	Daytime Phone # (239) 574-7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		