


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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

FILED

2005 APR 25 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LP CR2E003 (10/03)

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
2100 TRADE CENTER WAY, SUITE D
NAPLES, FL 34109

Name
KENT A. SKRIVAN

Street Address (P.O. Box Number is Not Acceptable)
601 LAUREL OAK DRIVE

SUITE 705

City
NAPLES

FL

Zip Code
34108

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

DATE

4-21-05

9. Capital Contributions as Shown on record. \$470,000.00

10. Amount of Capital Contributions in FLORIDA to date. 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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P97000062284
NAME	PETRA DEVELOPMENT, CORP.
STREET ADDRESS	2100 TRADE CENTER WAY, SUITE D
CITY-ST-ZIP	NAPLES, FL 34109

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #	
NAME	
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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)(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

Date

Daytime Phone #

1-17-05

239. 594. 7985