## **2007 LIMITED PARTNERSHIP ANNUAL REPORT** Due By May 1, 2007

## DOCUMENT # A97000001640

1. Entity Name
PETRA OF NAPLES, LTD.



**FILED** Apr 27, 2007 08:00 Al Secretary of State

Principal Place of Business

2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109

Mailing Address

2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109



## DO NOT WRITE IN THIS SPACE

04232007 No Chg-LP

CR2E003 (12/06)

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

SKRIVAN, KENT A.

STAPLE CHECK HERE

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE** 

| NAPLES, I   | EL OAK DR., STE 705<br>FL 34108   | IN T   | HIS SPACE                                 |
|---|---|--------|---|
| <ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent.</li> </ol> |   |        |   |
| SIGNATURE   | Signature, typed or printed name of registered agent and title if applicable.                                     |        | DATE                                      |
|   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2007, Fee will be \$900.  | 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.                                     |   |        |   |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  | GENERAL PARTNER INFORMATION P97000062284 PETRA DEVELOPMENT, CORP. 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109 |        |   |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |        |   |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ·   |        | OT WRITE                                  |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | INSTR  | IIS SPACE                                 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |   | 100 mm | 000000739293<br>05/14/07-80022-004 500:00 |
| DOCUMENT /  |   |        |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I fur ther 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 a m a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

NTED NAME OF BIGNING GENERAL PARTNER MUSU MANO