

2 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001661

CLUB NAPLES, LTD.

FILED
02 SEP 19 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3180 BECK BLVD. NAPLES FL 34114		Mailing Address 527 MARQUETTE AVE. 2340 RAND TOWER MINNEAPOLIS MN 55402	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 333 Washington Ave. N. Suite 200	
City & State		City & State Minneapolis, MN	
Zip	Country	Zip	Country
		55401	US
4. FEI Number 59-3461063		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BREIT, RICHARD H ESQ.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
C. Neil Gregory / Roetzel & Andress
Street Address (P.O. Box Number is Not Acceptable)
850 Park Shore Drive, Trianon-Centre
Trianon Centre - 3rd Floor
City Naples FL Zip Code 34103

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

DATE

9. Capital Contributions as Shown on record. \$3,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	NELSON, GEORGE N	STREET ADDRESS	333 Washington Ave. N. Suite 200
NAME	527 MARQUETTE AVE.	CITY-ST-ZIP	Minneapolis, MN 55331 55401
STREET ADDRESS	MINNEAPOLIS MN 55402	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	8000008054918--3 -09/26/02--01050--006
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

8/29/02 612-373-9848
Date Daytime Phone #

CR2E003 (4/02)