2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 8:35

DOCUMENT # A97000001661

1. Entity Name
CLUB NAPLES, LTD.

Principal Place of Business	Mailing Address
3180 BECK BLVD. NAPLES, FL 34114	333 WASHINGTON AVE. N. SUITE 200 MINNEAPOLIS, MN 55401

03282005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 401
City & State	City & State Minneapolis, Minnesota
Zip / Country	Zip 55413 / Country Hpn.

4. FEI Number 59-3461063 ☐ 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
GREGORY, C. NEIL 850 PARK SHORE DRIVE TRIANON CENTER - 3RD FLOOR NAPLES, FL 34103	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.	10. Amount of Capital Contributions in FLORIDA to date.
$3,000.00	

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	10 Second Street N.E., Ste 401
NAME	NELSON, GEORGE N	CITY-ST-ZIP	Minneapolis, MN 55413
STREET ADDRESS	333 WASHINGTON AVE. N. SUITE 200		
CITY-ST-ZIP	MINNEAPOLIS, MN 55401		
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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: George N Nelson 3.29.05 612-333-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #