2005 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE CHECK HERE

200	5 LIM	ITED PART Due By N		ORT FILED								
Due By May 1, 2005 DOCUMENT # A9700002190 1. Entity Name						A.		2005 APR 29 PM 2: 00				
₹@LL EAST NAPLES LIMITED PARTNERSHIP								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
3103 PHILMONT AVENUE 3:				Mailing Address 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006				191 (ABB)	N 2811) 2646 F	E1 1/8/8 18/8 28/8/1/ E [8]		
Principal Place of Business Gibraltar Road			2	3. Mailing Address 250 Gibraltar Road								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03242005	Chg-LP	CR2E00	03 (10/03)	
City & State Horsham, PA			1	City & State Horsham, PA				4. FEI Number 23-29290)49		Applied For Not Applicable	
19644						try it gone	гу	5. Certificate of		F	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street A	ddress (f	P.O. Box Number i	s 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 acce the obligations of registered agent.											amiliar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.												
9. Capital Contributions as Shown on record. \$9,500.00 10. Amount of Capital in FLORIDA to dat						outions	\$9,50	00.00				
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.											tner.	
12. GENERAL PARTNER IN 00CUMENT # P9400082800			INFO	RMATION	ET ADDRESS	250	-14	ADDRESS CHA	NGES ONL	Y		
name Street address	- O TOO T THE MOTOR THE			CITY-ST-ZIP				250 Gibraltar Road Horsham, PA 19044				
CITY-ST-ZIP DOCUMENT #	HUNTINGDON VALLEY, PA 19006							_				
NAME STREET ADDRESS						ET ADDRESS		05/24/		1053	**155.25	
CITY-ST-ZIP					CITY	- ST- ZIP						
NAME STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY-	-ST-ZIP						
NAME STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP			<u></u>		CITY-	-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS					STRE	ET ADDRESS		<u>.</u>				
CITY-51-ZIP					CITY-	-ST-ZIP						
DOCUMENT / NAME *					STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	<u> </u>				i	-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 AND TYPED OR FRINTED NAME OF SIGNING GENERAL PARTNER

MARK J. WATShauer, VP of Toll FL GP Corp.,