


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

| | | |
|--------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|
| DOCUMENT # A98000000491 | |  |
| 1. Entity Name NAPLES FERTILIZER AND GARDEN CENTER PARTNERSHIP | | |

| | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business 3930 14TH STREET NORTH NAPLES FL 34103 | Mailing Address 3930 14TH STREET NORTH NAPLES FL 34103 |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 1st MOORE | CR2E003 (10/05) |
| 4. FEI Number 65-0820119 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|-------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 5. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MORRIS, WILLIAM L 3930 14TH STREET NORTH NAPLES FL 34103 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

6. 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: *William L. Morris* *Santo Tomaini* **4/4/2006**
Signature, typed or printed name of registered agent and date if applicable. DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 | |
| NAME | MORRIS, WILLIAM L | CITY-ST-ZIP | |
| STREET ADDRESS | 3930 14TH STREET NORTH | | 000000501945 |
| CITY-ST-ZIP | NAPLES FL 34103 | | 04/25/06-80086-003-500.00 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | TOMAINI, SANTO | CITY-ST-ZIP | |
| STREET ADDRESS | 3930 14TH STREET NORTH | | |
| CITY-ST-ZIP | NAPLES FL 34103 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Santo Tomaini* **4/4/2006** **(239)263-88**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #