

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000000999

1. Entity Name
CHESTERFIELD INVESTORS, LTD.



Principal Place of Business
**821 WYNDEMERE WAY
 NAPLES, FL 34105**

Mailing Address
**821 WYNDEMERE WAY
 NAPLES, FL 34105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-LP

CR2E003 (10/03)

7/12

4. FEI Number

52-2112944

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

**BURKE, WILLIAM M ESQ
 BOND SCHOENECK & KING, P.A.
 4001 TAMiami TRAIL NORTH
 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

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

DATE

9. Capital Contributions
 as Shown on record:

\$1,913,639.00

10. Amount of Capital Contributions
 in FLORIDA to date:

2,885,468.00

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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PIEPER, RAYMOND F TRUSTEE
 821 WYNDEMERE WAY
 NAPLES, FL 34105**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PIEPER, BETTY M TRUSTEE
 821 WYNDEMERE WAY
 NAPLES, FL 34105**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

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:

Raymond F Pieper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/23/04

Date

239 434 6927

Daytime Phone #

FILED

04 JUL 12 AM 10:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MJH



STAPLE CHECK HERE