

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A98000001729

1. Entity Name

NAPLES FAIRWAYS DEVELOPMENT, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 PM 2:37

Principal Place of Business

5672 STRAND COURT, SUITE #1
NAPLES FL 34110

Mailing Address

5672 STRAND COURT, SUITE #1
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3530800

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

SALVATORI, LEO J
4501 NORTH TAMiami TRAIL, SUITE 300
NAPLES FL 34103

Name JANET KELLY

Street Address (P.O. Box Number is Not Acceptable)
5672 STRAND COURT

Suite 1

City NAPLES

FL

Zip Code 34110

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

Janet Kelly Treasurer

3/11/04

DATE

9. Capital Contributions
as Shown on record.

\$17,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000104328
NAME FAIRWAYS DEVELOPMENT OF NAPLES, INC.
STREET ADDRESS 5672 STRAND COURT, SUITE #1
CITY-ST-ZIP NAPLES FL 34110

STREET ADDRESS

CITY-ST-ZIP

400032192724
04/08/04-01016-005 **535.00

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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:

Janet Kelly Treasurer

3/11/04 (239)592-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE