

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001860

1. Entity Name

NAPLES COMMERCIAL PROPERTIES LIMITED PARTNERSHIP

FILED

00 APR 28 PM 4: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4001 TAMiami TRAIL N., STE 265 NAPLES FL 34103	Mailing Address 4001 TAMiami TRAIL N., STE 265 NAPLES FL 34103-8733
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3526087	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EURO-AMERICAN CONSULTING, INC. 4001 TAMiami TRAIL N., STE 265 NAPLES FL 34103
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____
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9. Capital Contributions as Shown on record. <i>S.A. Filed 4-28-00 850,000.00</i>	10. Amount of Capital Contributions in FLORIDA to date. <i>850,000.00</i>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	A97000001505 NAPLES COMMERCIAL INVESTMENT, LTD. 4001 TAMiami TRAIL N., STE 265 NAPLES FL 34103	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	500003243895-9 -05/09/00-01013-038 ****526.25 ****526.25
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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: <i>SIGNATURE REQUIRED</i>	4-26-00	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CR2E003 (9/99)