

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 24 AM 9:29

STATE OF FLORIDA
 TALLAHASSEE

MJH

DOCUMENT # A98000002234



1. Entity Name
**FAIRWAY PRESERVE APARTMENTS AT OLDE
 CYPRESS, LTD.**

Principal Place of Business
**7995-B PRESERVE CIRCLE
 NAPLES, FL 34119**

Mailing Address
**7995-B PRESERVE CIRCLE
 NAPLES, FL 34119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004

Chg-LP

CR2E003 (10/03)

6/24

City & State

City & State

4. FEI Number

59-3537104

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CONROY, J. THOMAS III
 2640 GOLDEN GATE PKWY., SUITE 115
 NAPLES, FL 34105**

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.

\$220,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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

DOCUMENT # **P98000082932**
 NAME **FAIRWAY PRESERVE APARTMENTS AT OLD CYPRESS**
 STREET ADDRESS **7995-B PRESERVE CIRCLE**
 CITY-ST-ZIP **NAPLES, FL 34119**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600038738866
07/06/04--01029--016 **526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

Frank Potestio Jr

3-26-04

(239)-593-9643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE