

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03232007 Chg-LP CR2E003 (12/06)

4. FEI Number **59-3537104** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Conroy, J. Thomas III
Street Address (P.O. Box Number is Not Acceptable)

2210 Vanderbilt Beach Rd. Suite 1201

City **Naples.** FL Zip Code **34109**

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

3/22/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

100101978541
05/09/07--01048--017 **500.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Frank P. Rostio JR. 04-10-07 (239) 593-9641

STAPLE CHECK HERE