


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:00

DOCUMENT # A98000002234 1. Entity Name FAIRWAY PRESERVE APARTMENTS AT OLDE CYPRESS, LTD.	
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Principal Place of Business 7995-B PRESERVE CIRCLE NAPLES, FL 34119	Mailing Address 7995-B PRESERVE CIRCLE NAPLES, FL 34119
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2. Principal Place of Business - No P.O. Box # 2235 Venetian Ct. Suite, Apt. #, etc. #3 City & State Naples, FL Zip 34109 Country USA	3. Mailing Address 2235 Venetian Ct. Suite, Apt. #, etc. #3 City & State Naples, FL Zip 34109 Country USA
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03282008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3537104	Applied For Not Applicable	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 CONROY, J. THOMAS III 2210 VANDERBILT BEACH RD SUITE 1201 NAPLES, FL 34109	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

700129201807
 05/13/08--01017--008 **500.00

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 #	P98000082932	STREET ADDRESS	2235 Venetian Ct. #3
NAME	FAIRWAY PRESERVE APARTMENTS AT OLD CYPRESS	CITY-ST-ZIP	Naples, FL 34109
STREET ADDRESS	7995-B PRESERVE CIRCLE		
CITY-ST-ZIP	NAPLES, FL 34119		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:  **FRANK POTESTIO, JR.** 4-7-08 239-593-9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE