

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000089

1. Entity Name

G.L. HOMES OF NAPLES ASSOCIATES, LTD.



Principal Place of Business

1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

Mailing Address

1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

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

65-0907353

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

G.L. HOMES OF NAPLES CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

9. Capital Contributions
as Shown on record.

\$9,600,000.00

10. Amount of Capital Contributions
In FLORIDA to date.

\$9,600,000.00

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 # P99000000377
NAME G.L. HOMES OF NAPLES CORPORATION
STREET ADDRESS 1401 UNIVERSITY DRIVE, SUITE 200
CITY - ST - ZIP CORAL SPRINGS FL 33071

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

UD0000363817

05/06/05-80014-025 535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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]

Dr. Maria Menendez, Vice President

4/28/05

Date

(954) 753-1730

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE