

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A99000000480**

1. Entity Name  
**TRG WILDWOOD, LTD.**



Principal Place of Business  
**1295 WILDWOOD LAKES BLVD.  
NAPLES FL 34104**

Mailing Address  
**1025 KANE CONCOURSE, SUITE 215  
BAY HARBOR ISLANDS FL 33154**

**FILED**  
**03 MAY -6 PM 8:43**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0911058**

Applied For

Not Applicable

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

**ENCLAVE AT NAPLES, INC.  
C/O HOWARD COHEN, ESQ.  
1025 KANE CONCOURSE, SUITE 215  
BAY HARBOR ISLANDS FL 33154**

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. **\$990.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **P01000073309**  
NAME **ENCLAVE AT NAPLES, INC.**  
STREET ADDRESS **1025 KANE CONCOURSE, SUITE 215**  
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

STREET ADDRESS

CITY-ST-ZIP

**900018293749**

**05/06/03--01058--001 \*\*526.25**

DOCUMENT #  
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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)(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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/03**

Date

**305-867-2245**

Daytime Phone #

CR2E003 (10/02)