

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010819 AF

**DOCUMENT # A99000000542**

1. Entity Name

**DVDP LIMITED PARTNERSHIP**

**FILED**  
01 MAY -1 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 801 12TH AVENUE SOUTH, SUITE 300 NAPLES FL 34102	Mailing Address 801 12TH AVENUE SOUT-H, SUITE 300 NAPLES FL 34102
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0905859</b>	Applied For Not Applicable
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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

**DEPASQUALE, VINCENT J**  
801 12TH AVENUE SOUTH, SUITE 300  
NAPLES FL 34102

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating. DATE

9. Capital Contributions as Shown on record. <b>\$900.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	NAME
NAME	DEPASQUALE, VINCENT J TRUSTEE
STREET ADDRESS	801 12TH AVENUE SOUTH, SUITE 300
CITY-ST-ZIP	NAPLES FL 34102
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004274718-0
CITY-ST-ZIP	-05/21/01--01176--007
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE REQUIRED 4-24-01 944-261-419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)