

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 13 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A99000000952		
1. Entity Name 2000 NEAPOLITAN LIMITED PARTNERSHIP		

Principal Place of Business 575 ADMIRALTY PARADE WEST NAPLES, FL 34102	Mailing Address C/O ROCK SPRING PROPERTIES 6500 ROCK SPRING DRIVE, #600 BETHESDA, MD 20817
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite Five</i>
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City & State	City & State
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Zip	Country	Zip	Country
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01042007 Chg-LP CR2E003 (12/06)

4. FEI Number 52-2208835	Applied For Not Applicable
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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 CAMALIER, ANNE D 575 ADMIRALTY PARADE WEST NAPLES, FL 34102
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000003298	STREET ADDRESS	
NAME	ONE NEAPOLITAN, LLC	CITY-ST-ZIP	
STREET ADDRESS	575 ADMIRALTY PARADE WEST		
CITY-ST-ZIP	NAPLES, FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: <i>Anne D Camalier</i>	1/8/07	301-564-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #