2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9900001117 1. Entity Name					
NAN DAVIS VAN EVERY LIMITED PARTNERSHIP				DIVISION OF CORPORATIONS	
Principal Place of Business 1701 GROSVENOR 1701 GROSVENOR 6001 PELICA BAY BLVD. NAPLES FL 34108 Mailing Address 1701 GROSVENOR 6001 PELICA BAY BLVD. NAPLES FL 34108				00 APR 28 AM 3: 05	
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59–3586916	Applied For Not Applicable
Zip	Country	Zip (Country	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					
CLASP, INC. % CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH, 4TH FLOOR			Street Address	Nici c/o James (P.O. Bon Number is Not Accoptable Tamiami (Vai)	L Nici V, suite 100
NAPLES FL 34103			City Nant	les .	FL 284903
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. Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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 CHA	ANGES ONLY
DOCUMENT#	P99000060968		STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP	NAN DAVIS VAN EVERY ENTERPRISES, INC.		CITY-ST-ZIP		-
DOCUMENT#			STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		268605 2 /0001078021
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NAME STREET ADDRESS CITY-ST-ZIP	· ·		CITY-ST-ZIP		1 9/4 - 211/1 (4 - 21/1)
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 truetee empowered to execute this report as required by Chapter 620, Florida Statutes April 24, 2 222					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERNAM DAVIS VAN EVERY ETTERPRISES, ETTE PHONE					