

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -4 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001117

1. Entity Name
NAN DAVIS VAN EVERY LIMITED PARTNERSHIP



Principal Place of Business
1701 GROSVENOR
6001 PELICA BAY BLVD.
NAPLES FL 34108

Mailing Address
1701 GROSVENOR
6001 PELICA BAY BLVD.
NAPLES FL 34108



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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

COX & NICI C/O JAMES R. NICI
3001 TAMiami TRAIL N, SUITE 100
NAPLES FL 34103

Name

James R. Nici, c/o Cox & Nici
1185 Immokalee Road, Suite 110
Naples, FL 34110

City

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]*

2/24/03

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$250,000.00

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 # P990000060968
NAME NAN DAVIS VAN EVERY ENTERPRISES, INC.
STREET ADDRESS 1701 GROSVENOR, 6001 PELICA BAY BLVD.
CITY-ST-ZIP NAPLES FL 34108

STREET ADDRESS

CITY-ST-ZIP

800015318158
04/04/03--01053--019 **437.50

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

239-599-1262

CR2E003 (10/02)