


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # B01000000322</b> 1. Entity Name NAPLES C.C. PARTNERS LIMITED PARTNERSHIP	
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Principal Place of Business 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304	Mailing Address 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
ARONOFF, JANET 626 GULF SHORE BLVD. SOUTH NAPLES, FL 34102	

FILED

04 APR 30 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052004    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>38-2992663</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

7. Name and Address of New Registered Agent	
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.

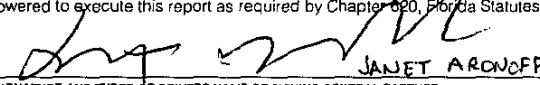
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$7,875.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000002630	STREET ADDRESS	
NAME	NAPLES MALL INC.	CITY-ST-ZIP	
STREET ADDRESS	38500 WOODWARD AVE., SUITE 310		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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:**  **JANET ARONOFF**    01-06-04    248-642-0190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #

STAPLE CHECK HERE