

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 23 AM 8:59

DOCUMENT # B01000000322					
1. Entity Name NAPLES C.C. PARTNERS LIMITED PARTNERSHIP					
Principal Place of Business 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304			Mailing Address 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 38-2992663	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARONOFF, JANET 626 GULF SHORE BLVD. SOUTH 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,875.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		
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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 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: 			240-05 248 642 0196		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

STAPLE CHECK HERE