


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**06 MAY -1 PM 1:45**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # B01000000322</b>			
1. Entity Name <b>NAPLES C.C. PARTNERS LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304</b>		Mailing Address <b>38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304</b>	
2. Principal Place of Business <b>21 E Long Lake Road</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Bloomfield Hills, MI</b> Zip <b>48304</b>		3. Mailing Address <b>21 E Long Lake Road</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Bloomfield Hills, MI</b> Zip <b>48304</b>	
		01242006 Chg-LP CR2E003 (11/05)	
		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 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ARONOFF, JANET 626 GULF SHORE BLVD. SOUTH NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F99000002630 NAPLES MALL INC. 38500 WOODWARD AVE., SUITE 310 BLOOMFIELD HILLS, MI 48304</b>	STREET ADDRESS CITY-ST-ZIP	<b>21 E Long Lake Road, Suite 100 Bloomfield Hills, MI 48304</b>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <b>4/06/06</b> <small>Daytime Phone #</small>	

STAPLE CHECK HERE