

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B01000000322**

1. Entity Name  
**NAPLES C.C. PARTNERS LIMITED PARTNERSHIP**



Principal Place of Business  
**21 E LONG LAKE ROAD  
SUITE 100  
BLOOMFIELD HILLS, MI 48304**

Mailing Address  
**21 E LONG LAKE ROAD  
SUITE 100  
BLOOMFIELD HILLS, MI 48304**



01262008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**38-2992663**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ARONOFF, JANET  
626 GULF SHORE BLVD. SOUTH  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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**

DOCUMENT # **F99000002630**  
NAME **NAPLES MALL INC.**  
STREET ADDRESS **21 E LONG LAKE ROAD**  
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

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000000930818  
05/21/08-80125-008 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE