

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # B02000000317

1. Entity Name
NAPLES/DAVIS BOULEVARD LIMITED PARTNERSHIP



Principal Place of Business

**1 N. LASALLE STREET
#1450
CHICAGO, IL 60602**

Mailing Address

**1 N. LASALLE STREET
#1450
CHICAGO, IL 60602**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
13-4212182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAROLLO, THOMAS C
11586 QUAIL VILLAGE WAY
NAPLES, FL 34119**

**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, 2006, 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 #
NAME
STREET ADDRESS
CITY- ST- ZIP
**M01000000904
CB/NAPLES, LLC
1 N. LASALLE STREET
CHICAGO, IL 60602**

DOCUMENT #
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CITY- ST- ZIP

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U00000500866
04/25/06-80039-001 500.00

**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:

T. Carollo April 4, 2006 239-860-2317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE