

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B98000000663**

**1. Entity Name**  
**NORMAN ESTATES AT TIBURON LIMITED PARTNERSHIP**



**Principal Place of Business**  
**24301 WALDEN CENTER DRIVE**  
**BONITA SPRINGS, FL 34134**

**Mailing Address**  
**24301 WALDEN CENTER DRIVE**  
**BONITA SPRINGS, FL 34134**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005

Chg-LP

CR2E003 (10/03)

**4. FEI Number**

**65-0874264**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

**HASTINGS, VIVIEN N**  
**24301 WALDEN CENTER DRIVE**  
**BONITA SPRINGS, FL 34134**

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**

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

**DATE**

**9. Capital Contributions as Shown on record.**

**\$4,982,899.00**

**10. Amount of Capital Contributions in FLORIDA to date.**

**\$2,029,502.00**

**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**

**13. ADDRESS CHANGES ONLY**

**DOCUMENT #** F98000006280  
**NAME** NORMAN ESTATES AT TIBURON, INC.  
**STREET ADDRESS** 24301 WALDEN CENTER DRIVE  
**CITY-ST-ZIP** BONITA SPRINGS, FL 34134

**STREET ADDRESS**

**CITY-ST-ZIP**

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STREET ADDRESS**

**CITY-ST-ZIP**

U00000363569  
05/06/05-80004-014 526.25

**DOCUMENT #**  
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**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)(f), 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**

**NORMAN ESTATES AT TIBURON, INC.**

**SIGNATURE:** *Vivien N. Hastings*

**Vivien N. Hastings**

**04/28/2005**

**239-498-8605**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Date**

**Daytime Phone #**

**Secretary**

STAPLE CHECK HERE