

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B990000000004

1. Entity Name

MONARCH PROPERTIES OF NAPLES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:47

Principal Place of Business

8889 PELICAN BAY BLVD., SUITE 501
NAPLES FL 34108

Mailing Address

8889 PELICAN BAY BLVD., SUITE 501
NAPLES FL 34108-7512



2. Principal Place of Business

9240 Bonita Beach Rd
Suite 1101
Bonita Springs, FL
34135

3. Mailing Address

9240 Bonita Beach Rd
Suite 1101
Bonita Springs, FL
34135

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-0991843

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$214,216.00
\$1,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,200,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M99000000013
NAME MP OPERATING, LLC
STREET ADDRESS 8889 PELICAN BAY BLVD., SUITE 501
CITY-ST-ZIP NAPLES FL 34108

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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)(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:

Douglas Listman
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/17/00 410-884-9362

CR2E003 (9/99)