


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # B99000000004	
1. Entity Name MONARCH PROPERTIES OF NAPLES LIMITED PARTNERSHIP	

Principal Place of Business 11350 MCCORMICK ROAD SUITE LL4 HUNT VALLEY, MD 21030	Mailing Address 11350 MCCORMICK ROAD SUITE LL4 HUNT VALLEY, MD 21030
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2. Principal Place of Business 7125 Thomas Edison Drive Suite, Apt. #, etc. Suite 225	3. Mailing Address 7125 Thomas Edison Drive Suite, Apt. #, etc. Suite 225
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City & State Columbia, Maryland	City & State Columbia, Maryland
Zip 21046	Country US

FILED  
2005 FEB 23 AM 8:57  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



02082005 Chg-LP CR2E003 (10/03)

4. FEI Number 57-0991843	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$214,216.00	10. Amount of Capital Contributions in FLORIDA to date. \$214,216.00
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**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 #	M99000000013	STREET ADDRESS	7125 Thomas Edison Drive, Suite 225
NAME	MP OPERATING, LLC	CITY-ST-ZIP	Columbia, Maryland 21046
STREET ADDRESS	11350 MCCORMICK ROAD, SUITE LL4		
CITY-ST-ZIP	HUNT VALLEY, MD 21030		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:  John R. Fallon, Jr. 2/18/05 212-424-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE