2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	DOCUMENT # A0300001284  1. Entity Name GBP DEVELOPMENT, LTD.					2005 APR 28 PM 1: 42
						SECRETARY OF STATE
	Principal Place ( C/O GULF BAY 3470 CLUB CEI NAPLES, FL 34	MANAGEMENT, INC. NTER BLVD.	3470 CLUB CENTER	Mailing Address C/O GULF BAY MANAGEMENT, INC. 3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816		TALLAHASSEE, FLÖRIDA
	2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062005 Chg-LP CR2E003 (10/03)
	City & State		City & State	City & State		4. FEI Number APPLIED FOR 5/-048 9.313 Not Applied For
	Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required
ļ	6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
ł	WOODWARD, MARK J				Street Address (P.O. Box Number is Not Acceptable)	
		WARD, PIRES & LOMBAR MI TRAIL NORTH, STE. 20			Street Address (P.O. Box Number is Not Acceptable)	
	NAPLES, FL					
ŀ						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. \$5,000,000.00 In FLORIDA to date. 5, 000, 000					
Ì	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.					
ł	12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY					
	DOCUMENT / L03000033284  NAME GBP DEVELOPMENT, LLC			STRE	EET ADDRESS	
	CITY-ST-ZIP N	1-ZIP NAPLES, FL 341140816			-\$T-ZIP	<b>600054928006</b> 05/23/0501005005 **535.00
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	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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENE				ER	4/25/05 (239) 732-9400  Date Daytime Phone #
MUBLEY T. FERRAD						