


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

APPROVED  
AND  
FILED

06 MAY 15 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| <b>DOCUMENT # A0500001952</b>   |   |  |
| 1. Entity Name<br>GULF PARTNERS FUND, LTD. <i>change to: MIDAS, LTD Mon 29-2006</i>     |   |   |
| Principal Place of Business<br>3300 UNIVERSITY DRIVE, STE 311<br>CORAL SPRINGS FL 33065 | Mailing Address<br>3300 UNIVERSITY DRIVE, STE 311<br>CORAL SPRINGS FL 33065 |   |



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E003 (10/05)

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent                         |  | 7. Name and Address of New Registered Agent        |          |
| AVIEL, ODED<br>3300 UNIVERSITY DRIVE, STE 311<br>CORAL SPRINGS FL 33065 |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | FL   | Zip Code |

|   |                                |
|---|--------------------------------|
| 4. FEI Number   | Applied For                    |
|   | Not Applicable                 |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #                      | L05000103880                   | STREET ADDRESS           |                                |
| NAME                            | GULF CAPITAL MANAGEMENT, LLC   | CITY-ST-ZIP              |                                |
| STREET ADDRESS                  | 3300 UNIVERSITY DRIVE, STE 311 |                          |                                |
| CITY-ST-ZIP                     | CORAL SPRINGS FL 33065         |                          |                                |
| DOCUMENT #                      |                                | STREET ADDRESS           | 688875661896                   |
| NAME                            |                                | CITY-ST-ZIP              | 06/02/06--01010--008 **\$00.00 |
| STREET ADDRESS                  |                                |                          |                                |
| CITY-ST-ZIP                     |                                |                          |                                |
| DOCUMENT #                      |                                | STREET ADDRESS           |                                |
| NAME                            |                                | CITY-ST-ZIP              |                                |
| STREET ADDRESS                  |                                |                          |                                |
| CITY-ST-ZIP                     |                                |                          |                                |
| DOCUMENT #                      |                                | STREET ADDRESS           |                                |
| NAME                            |                                | CITY-ST-ZIP              |                                |
| STREET ADDRESS                  |                                |                          |                                |
| CITY-ST-ZIP                     |                                |                          |                                |
| DOCUMENT #                      |                                | STREET ADDRESS           |                                |
| NAME                            |                                | CITY-ST-ZIP              |                                |
| STREET ADDRESS                  |                                |                          |                                |
| CITY-ST-ZIP                     |                                |                          |                                |

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

*AR-17-2006* **Date** *(310)358-2000* **Daytime Phone #**

STAPLE CHECK HERE