


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

Certif. No. 700 33110 0001 3108 2718

**FILED**

**DOCUMENT # A29258**  
 1. Entity Name  
**WEST GULF INVESTMENTS, LTD.**



Principal Place of Business  
**520 SE 8TH AVE**  
**CRYSTAL RIVER, FL 34429**

Mailing Address  
**PO BOX 875**  
**CRYSTAL RIVER, FL 34423-0875**

2. Principal Place of Business  
**2631-A NW 41st ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2631-A NW 41st ST**  
 Suite, Apt. #, etc.

City & State  
**GAINESVILLE FL 3**

City & State  
**GAINESVILLE FL**

Zip  
**32606**

Country  
**US**

Zip  
**32606**

Country  
**US**

6. Name and Address of Current Registered Agent  
**HUBBARD, JEREMIAH A.**  
**520 S.E. 8TH AVENUE**  
**CRYSTAL RIVER, FL 34429**

06 MAY 06 MAY - 1: PM 1: 43  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



04262006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**59-2960070**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2631-A NW 41st ST**

City **GAINESVILLE** FL Zip Code **32606**

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 \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 # **K99894**  
 NAME **WEST GULF INVESTMENTS**  
 STREET ADDRESS **520 S.E. 8TH AVENUE**  
 CITY-ST-ZIP **CRYSTAL RIVER, FL**

STREET ADDRESS  
**2631-A NW 41st ST**

CITY-ST-ZIP  
**GAINESVILLE FL 32606**

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STREET ADDRESS  
**700074699207**

CITY-ST-ZIP  
**05/17/06--01005--015 \*\*500.00**

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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 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: *Tanya W. Hubbard* Tanya W. Hubbard **4/26/06** (352) 373-9140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE