


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
Jan 25, 2005 08:00 AM  
Secretary of State  
535

**DOCUMENT # B9800000118**  
1. Entity Name  
GULL COVE ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business      Mailing Address  
2409 BEMISS ROAD      2409 BEMISS ROAD  
VALDOSTA, GA 31602      VALDOSTA, GA 31602

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country

01132005    Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
59-2047074      Not Applicable

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

5. 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. 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.      \$210,000.00      10. Amount of Capital Contributions in FLORIDA to date.

**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 #	M98000000181	STREET ADDRESS	
NAME	DEWAR GENERAL, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	2409 BEMISS ROAD		
CITY-ST-ZIP	VALDOSTA, GA 31602		
DOCUMENT #		STREET ADDRESS	000000196789
NAME		CITY-ST-ZIP	01/26/05-80084-006 535.00
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James H. Dewar, Jr      Date: 1/20/05      Daytime Phone #: 229-242-7789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER