2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 16, 2005 08:00 AN Secretary of State

|                       | DOCUMENT # A0000000104  1. Entity Name ESTUARY AT GREY OAKS, LTD.  |                                       |               |                 |  |            |  |   | 50                 | ci eta     | ly of State   |
|-----------------------|--|---------------------------------------|---------------|-----------------|--|------------|--|---|--------------------|------------|---|
|                       | Principal Place of Business 4200 GULF SHORE BLVD, N. NAPLES, FL 34103  |                                       |               | - 4             | Malling Address<br>4200 GULF SHORE BLVD. N.<br>NAPLES, FL 34103  |            |  |   |                    |            | ·   |
|                       | 2. Principal Place of Business   |                                       |               |                 | 3. Mailing Address   |            |  |   |                    |            |   |
|                       | Suite, Apt. #, etc   |                                       |               | -               | Suite, Apt #, etc  |            |  | 03032005  | Chg-LP             | CR2E00     | 3 (10/03)   |
|                       | City & State   |                                       |               |                 | City & State   |            |  | 4. FEI Number         Applied For           59-3629417         Not Applicable |                    |            |   |
| ارد اور پر<br>اور اور | Zip Country  |                                       |               |                 | Zip  | Cour       | ntry   | 5. Certificate of Status Desired S8.75 Additional Fee Required                |                    |            | ee Required   |
|                       | 6. Name and Address of Current Registered Agent  |                                       |               |                 |  |            | 7. Name and Address of New Registered Agent Name   |   |                    |            |   |
|                       | NAPLES GOLF COURSE DEVELOPERS<br>4200 GULF SHORE BEVD. N.<br>NAPLES, FL 34103  |                                       |               | PERS, IN        | , IŅC.   |            | Street Address (P.O. Box Number is Not Acceptable) |   |                    |            |   |
|                       |  |                                       |               |                 |  |            |  | <b>E1</b>   |                    |            |   |
|                       |  |                                       |               |                 |  | e rooteter | City   | red arent or both   | in the State of El | FL         | ł   |
| }                     | 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.  |                                       |               |                 |  |            |  |   |                    |            | 11111127 4711.1, 2170 200001                        |
|                       | SIGNATURE Signature, typed or printed name of registered agent and title if applicable   |                                       |               |                 |  |            |  |   | DATE               |            |   |
|                       | Capital Contributions - \$1,500,000.00      Shown on record \$1,500,000.00      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.  |                                       |               |                 |  |            |  |   |                    |            | ıer.  |
| Ì                     | 12. GENERAL PARTNER INFORM   |                                       |               |                 | ORMATION   | MATION 13. |  |   | ADDRESS CH         | ANGES ONLY |   |
|                       | NAME   | ESTUARY OF NAPLES, INC.               |               |                 | •  | STRI       | EET ADDRESS  |   |                    |            |   |
|                       | STREET ADDRESS<br>City-St-Zip  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |               |                 |  | CITY       | -ST-ZIP  | 1100000366983<br>05/16/05-80016-011 526.25                                    |                    |            |   |
|                       | DOCUMENT /   | NAME<br>STREET ADDRESS                |               |                 |  |            | EET ADDRESS  | 05/16/05-80016-011  |                    | 011 526.25 |   |
|                       | STREET ADDRESS<br>CITY-ST-ZIP  |                                       |               |                 |  |            | -ST-ZIP  |   |                    |            |   |
| STAPLE CHECK HERE     | DOCUMENT #<br>NAME   |                                       | -             | , <del>47</del> |  | STRI       | EÉT AODRESS  |   | * .                |            |   |
|                       | STREET ADDRESS<br>CITY-ST-ZIP  | STREET ADDRESS                        |               |                 |  | CITY       | -ST-ZIP  |   |                    |            |   |
|                       | DOCUMENT #<br>NAME   |                                       | • -           |                 |  | <br>গ্ৰা   | EET ADDRESS  |   | - <u></u>          |            |   |
|                       | STREET ADDRESS<br>CITY-ST-ZIP  |                                       |               |                 | <del></del>  | CITY       | '-ST-ZIP   |   |                    |            |   |
|                       | DOCUMENT #<br>NAME   | ENT #                                 |               |                 | als minimum and a second secon |            | EFT ADDRESS  |   |                    |            |   |
|                       | STREET ADDRESS<br>CITY-ST-ZIP  |                                       |               |                 |  | GITY       | '-ST-ZIP   |   | · ,                |            |   |
|                       | DOCUMENT #<br>NAME   |                                       |               |                 | •  | চান        | TET ADDRESS  |   | <del></del>        | -          |   |
|                       | STREET ADDRESS<br>CITY-ST-ZIP  |                                       | 11            |                 | 1  |            | '-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)(1), Florida Statutes. I further certify that the initial does not 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 potential receiver or trustee employeed to execute this report as required by Chapter 620. Florida Statutes  HOWARD B. GUTMAN |                                       |               |                 |  |            |  |   |                    |            | y that the Information<br>ne limited partnership or |
|                       | SIGNAT   | SIGNATURE VICE PRESIDENT              |               |                 |  |            | GEN. PAR   | TNEF  | 4-22-05            |            | 261-6100  |
|                       |  | 7.7                                   | SIGNATURE AND | TYPED OR PRINT  | ED NAME OF SIGNING GENE  | RAL PARTN  | ER   |   | Date               | Da;        | time Phone 4  |