

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED

2007 APR 13 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102007 Chg-LP CR2E003 (12/06)

DOCUMENT # A00000000442

1. Entity Name  
GB PENINSULA, LTD.



Principal Place of Business  
3200 TAMiami TRAIL N. SUITE 200  
NAPLES, FL 34103

Mailing Address  
3200 TAMiami TRAIL N. SUITE 200  
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3692446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J  
3200 TAMiami TRAIL N. SUITE 200  
NAPLES, FL 34103

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 # P00000024760  
NAME GB PENINSULA, INC  
STREET ADDRESS 3470 CLUB CENTER BLVD  
CITY-ST-ZIP NAPLES, FL

STREET ADDRESS 8156 Fiddler's Creek Parkway  
CITY-ST-ZIP Naples, FL 34114

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

300097293173  
04/18/07--01004--020 \*\*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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joseph Livio Parisi, as VP and Not Individually

2/19/07 (239) 732-9400

Date

Daytime Phone #

STAPLE CHECK HERE