2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # A0000000462 1. Entity Name GBFC DEVELOPMENT, LTD.						APR 10		
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		3. Mailing Address			- - 1	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006	Chg-LP	CR2E00	03 (11/05)	
City & State		City & State		4. FEI Number 59-3684897			Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	Status Desired	X	8.75 Additional ee Required
6. Name	and Address of Current	Registered Agent		Name	7. Name and A	ddress of New	Registered A	gent
WOODWARD, MARK J 3200 TAMIAMI TRAIL N.				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200 NAPLES, FL 34103								
				City			FL	Zip Code
the obligations of registe		r the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of F	Florida. I am fa	amiliar with, and accept
SIGNATURE Signature, typed	or printed name of registered agent	and title if applicable.					DATE	
	After May 1, 2	VIII FEE IS \$500.00 1006, Fee will be \$90 THAT IS A BUSINESS EN		HET DE BECIE	TERED AND A	TIVE WITH T	'NIS OFFICE	
NOTE:	General Partners MA	Y NOT be changed on t	he form	; an amendme	nt must be filed	l to change a	general par	iner.
12. DOCUMENT # MOOOOOO	GENERAL PARTNER	RINFORMATION	13.	ET ADDRESS		ADURESS C	HANGES ONL	r
STREET ADDRESS 3470 CLU	NAME GBFC DEVELOPMENT, LLC SIREEI ADDRESS 3470 CLUB CENTER MANAGEMENT			-ST-ZIP	**			
DOCUMENT /			STRI	ET ADORESS	•			-
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME	9 51			EET ADDRESS	600072422946			
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	0472	27/0601	04202	8 **508.75
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STREET ADDRESS			CITY	r-ST-ZIP				
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STREET ADDRESS CITY-SI-ZIP				Y-ST-ZIP				of the state of the state of
14. I hereby certify that the indicated on this report or the receiver or trus	ne information supplied w ort is true and accurate and tee empowerea to execute	ith this filing does not qualify d that my signature shall have e this report as required by	for the e the sam apter 6	exemptions contain ne legal effect as if 20, Florida Statutes	s	,		
CICNATURE	Suches	J. fre			2/7 	/06 		732-9400
SIGNATURE:	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNING GENE	RAL PARTI	IER		Date		Jaylime Phone #