

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 13 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A00000000462	
1. Entity Name GBFC DEVELOPMENT, 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
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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

01102007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3684897	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL N. SUITE 200 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	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 # NAME STREET ADDRESS CITY - ST - ZIP	M00000000675 GBFC DEVELOPMENT, LLC 3470 CLUB CENTER MANAGEMENT NAPLES, FL	STREET ADDRESS CITY - ST - ZIP	8156 Fiddler's Creek Parkway Naples, FL 34114
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	400097293244 04/18/07--01004--021 **\$500.00
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STAPLE CHECK HERE

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	
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SIGNATURE:

Aubrey J. Ferraro
Aubrey J. Ferraro

2/19/07 (239) 732-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #