

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY -7 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001397

1. Entity Name
GB PARCEL 100, LTD.



Principal Place of Business
3470 CLUB CENTER BLVD.
C/O GULF BAY MANAGEMENT INC.
NAPLES, FL 34114-0816

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3759383

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 NORTH
SUITE 200
NAPLES, FL 33410

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

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,500.00

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

DOCUMENT # P01000100324
NAME GB PARCEL 100, INC.
STREET ADDRESS 3470 CLUB CENTER BLVD.
CITY-ST-ZIP NAPLES, FL 341140816

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 800037572028
CITY-ST-ZIP 06/02/04--01029--016 **158.75

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-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)(i), 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

Aubrey J. Ferrao, as President

4/15/04 (239) 732-9400

Date

Daytime Phone #

STAPLE CHECK HERE