
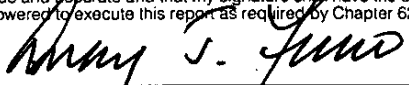


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -6 AM 10:47

| | | | | | |
|---|------------------------|---|--|---|---------------------------------|
| 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 | 4. FEI Number 59-3759383 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 33410 | | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$7,500.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 7,500 | | | |
| 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 # | P01000100324 | | STREET ADDRESS | | |
| NAME | GB PARCEL 100, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 3470 CLUB CENTER BLVD. | | | | |
| CITY-ST-ZIP | NAPLES, FL 341140816 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
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| NAME | | | 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:  | | | Date: 4/25/05 | | Daytime Phone #: (239) 732-9400 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MARY S. PERRAU | | | | | |

STAPLE CHECK HERE