

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 10 AM 9:09

<b>DOCUMENT # A01000001397</b> 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		01132006    Chg-LP    CR2E003 (11/05)	
Zip		Country		4. FEI Number 59-3759383	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOODWARD, MARK J				Name	
3200 TAMiami TRAIL NORTH				Street Address (P.O. Box Number is Not Acceptable)	
SUITE 200					
NAPLES, FL 33410				City <b>FL</b> 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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
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		
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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 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:			2/7/06    (239) 732-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Aubrey J. Ferrao			Date		Daytime Phone #

STAPLE CHECK HERE