
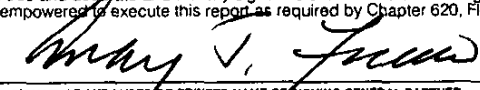


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 10 AM 9:09

<b>DOCUMENT # A02000000797</b>						<b>SECRETARY OF STATE DIVISION OF CORPORATIONS</b>	
1. Entity Name <b>GULF BAY HOMES, LTD.</b>				<b>06 APR 10 AM 9:09</b>			
Principal Place of Business <b>3470 CLUB CENTER BOULEVARD NAPLES, FL 34114</b>				Mailing Address <b>3470 CLUB CENTER BOULEVARD NAPLES, FL 34114</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				4. FEI Number <b>01-0715349</b>			
Applied For <input type="checkbox"/> Not Applicable				01122006 Chg-LP CR2E003 (11/05)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>WOODWARD, MARK J C/O WOODWARD PIRES &amp; LOMBARDO 3200 TAMiami TRAIL NORTH (SUITE 200) NAPLES, FL 34103</b>				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>							
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</b>							
<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.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				STREET ADDRESS CITY - ST - ZIP			
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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 <b>Aubrey J. Ferrao</b>				Date Daytime Phone #			