

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 13 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052007 Chg-LP CR2E003 (12/06)

DOCUMENT # A02000000797	
1. Entity Name GULF BAY HOMES, LTD.	



Principal Place of Business 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114	Mailing Address 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114
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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

6. Name and Address of Current Registered Agent WOODWARD, MARK J C/O WOODWARD PIRES & LOMBARDO 3200 TAMiami TRAIL NORTH (SUITE 200) NAPLES, FL 34103	
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4. FEI Number 01-0715349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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	8156 Fiddler's Creek Parkway
STREET ADDRESS	3470 CLUB CENTER BOULEVARD	CITY - ST - ZIP	Naples, FL 34114
CITY - ST - ZIP	NAPLES, FL 34114		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
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:	2/19/07 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

Joseph Livio Pariai, as VP and Not Individually

STAPLE CHECK HERE