

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001600</b> 1. Entity Name GULF BAY HOTEL COMPANY, LTD.					
Principal Place of Business C/O GULF BAY MANAGEMENT, ATTN: A.J. FERRAO 3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816			Mailing Address C/O GULF BAY MANAGEMENT, ATTN: A.J. FERRAO 3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOODWARD, MARK J WOODWARD, PIRES & LOMBARDO, P.A. 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 _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>					
DATE _____					
9. Capital Contributions as Shown on record. <b>\$6,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>6,500.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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 #	P97000031850		STREET ADDRESS		
NAME	GULFBAY HOTEL, INC.		CITY-ST-ZIP		
STREET ADDRESS	3470 CLUB CENTER BOULEVARD				
CITY-ST-ZIP	NAPLES, FL 341140816				
DOCUMENT #	P97000030858		STREET ADDRESS		
NAME	HMI, INC.		CITY-ST-ZIP		
STREET ADDRESS	1285 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK, NY 10019				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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 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: _____			4/15/04 (239) 732-9400		
AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Anthony DiNardo, as Treasurer</b>					

STAPLE CHECK HERE



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 NOT APPLICABLE

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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 05/07/04-80030-005 535.00