

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -6 AM 10:48

<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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WOODWARD, MARK J WOODWARD, PIRES & LOMBARDO, P.A. 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
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$6,500.00	10. Amount of Capital Contributions in FLORIDA to date. 6,500
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**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 #	M02000003120	STREET ADDRESS	
NAME	GULF BAY HOTEL COMPANY, LLC	CITY-ST-ZIP	
STREET ADDRESS	3470 CLUB CENTER BLVD.		
CITY-ST-ZIP	NAPLES, FL 341140816		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

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: <i>Anthony J. Ferrao</i>	4/25/05 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Anthony J. Ferrao	Date Daytime Phone #