2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A02000001600

1. Entity Name
GULF BAY HOTEL COMPANY, LTD.

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 APR 15 AM 11: 34

Principal Place of Business

Mailing Address

8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114



01172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For 56-2495068 Not Applicable

5. Cartificate of Status Posical TV \$8.75 Additional

5. Certificate of Status Desired

Fee Required

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

DO NOT WRITE IN THIS SPACE

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.
~ .	AND A TIME

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

CENEDAL DADTNED INCODMATION

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	develore Annaerial Olimanor	
	DOCUMENT #	M02000003120	
	NAME	GULF BAY HOTEL COMPANY, LLC	
	STREET ADDRESS	8156 FIDDLER'S CREEK PKWY	
	CITY-ST-ZIP	NAPLES, FL 34114	
	DOCUMENT #		
	NAME		
	STREET ADDRESS		
-	CITY-ST-ZIP		
	DOCUMENT #		_
ĺ	NAME		
-	STREET ADDRESS		
	CITY-ST-ZIP		
	DOCUMENT /		
1	NAME		
. 1	STREET ADDRESS		
	CITY-ST-ZIP	· _	
	DOCUMENT #		_
۱ ۲	NAME		
[STREET ADDRESS		
֡֝֟֝֟֝֟֝֡֓֓֓֓֓֓֓֓֓֓֓֟֜֓֓֓֓֓֓֓֡֡֡֡֓֓֓֓֓֡֡֡֝֡֓֡֡֡֡֡֓֓֡֡֡֓֓	CITY-ST-ZIP		
]	DOCUMENT #		
Ì	NAME		
1	STREET ADDRESS		

600123550246 | 04/15/08=01030=020::>**157,50

600123550246 04/15/08--01030--017,**500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

MMY JULIU JU

March 31, 2008 (239) 732-940b

dividually

Daytime Phone I