


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

<b>DOCUMENT # A03000000123</b> 1. Entity Name <b>GULF WINDS, LLLP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:02

Principal Place of Business <b>5645 NEBRASKA AVENUE</b> <b>NEW PORT RICHEY, FL 34652</b>	Mailing Address <b>P.O. BOX 102</b> <b>NEW PORT RICHEY, FL 34656</b>
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2. Principal Place of Business <b>6234 Grand Blvd.</b> Suite, Apt. #, etc. <b>Suite 202</b> City & State <b>New Port Richey</b> Zip <b>34652</b>	3. Mailing Address <b>PO Box 119</b> Suite, Apt. #, etc. City & State <b>Elfers, FL</b> Zip <b>34680</b>
Country <b>USA</b>	Country <b>USA</b>

02232004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent <b>MISEMER, KENNETH</b> <b>5645 NEBRASKA AVENUE</b> <b>NEW PORT RICHEY, FL 34652</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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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.

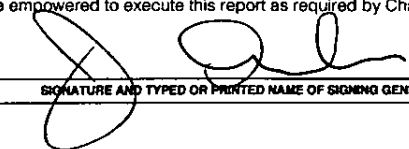
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,617,600.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	DREHER, JAMES	STREET ADDRESS	
NAME	P.O. BOX 102	CITY-ST-ZIP	
STREET ADDRESS	NEW PORT RICHEY, FL 34696		
CITY-ST-ZIP			
DOCUMENT #	RYAN, MICHAEL	STREET ADDRESS	
NAME	P.O. BOX 1119	CITY-ST-ZIP	
STREET ADDRESS	ELFERS, FL 34680		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:**  **James Dreher 2-25-04 (727) 842-3778**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE