

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A03000000123</b> 1. Entity Name <b>GULF WINDS, LLLP</b>					
Principal Place of Business <b>6234 GRAND BLVD STE 202 NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>P.O. BOX 1119 ELFERS, FL 34680</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>MISEMER, KENNETH 5645 NEBRASKA AVENUE NEW PORT RICHEY, FL 34652</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Michael J. Ryan</b> Street Address (P.O. Box Number is Not Acceptable) <b>6234 Grand Blvd Suite 202</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>	
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 <b>Michael J. Ryan General Partner</b> DATE <b>4/27/05</b>					
9. Capital Contributions as Shown on record. <b>\$1,617,600.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>DREHER, JAMES P.O. BOX 102 NEW PORT RICHEY, FL 34696</b>		STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>RYAN, MICHAEL P.O. BOX 1119 ELFERS, FL 34680</b>		STREET ADDRESS  CITY-ST-ZIP	<b>100054743651 05/18/05--01054--001 **\$26.25</b>	
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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					
<b>SIGNATURE:</b>			4/27/05 (727) 842-3778		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04212005 Chg-LP CR2E003 (10/03)

4. FEI Number **48-1298163** Applied For Not Applicable

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

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