2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Principal Place of Business 3234 (RAND BLV) FIG. 200 CH 1975 FIRE PART RICHEY, FI 34652  2. Principal Place of Dusiness Suits, Apr. #, etc. Suits,	DOCUI 1. Entity Nam GULF WI	05	FIL. APR 29	PM 5: 5c					
Suite, Apt. F. etc.    Suite, Apt. F. etc.   Suite, Apt. F. etc.	6234 GRAND BLVD P.O. BOX 1119 STE 202 ELFERS, FL 34680				3//	SEC TALL	RETARY AHASSEE	OF STATE 28 FLORIDA SEL. FLORIDA	
City & State  A. Fet Number  48-1298163  Ref Application  State of Status Desired  State of Status Desired  State of Status Desired  The Machagilicate of Status Desired  State of Status Desired  The Machagilicate of Status Desired Apart  North Lichary  The Machagilicate of New Registered Apart	2. Principal Place of Business 3. Mailing Address								
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MISEMER, KENNETH S645 NEBRASKA AVENUE NEW PORT RICHEY, FL 34652  Singet Address (P.G. Box Number, is Not Recorptable) L2 20H Gryand Blyd Suite 202  CITY BY A Complete of By Suite 202  CITY BY A CONTROLLER Suite of Ponda. Lam familiar with, and accept two obligations of highlighted agent.  SIGNATURE Suite Notifications of 1/4/16/16/16 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Žip			Country		5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
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B. The above named entity plottings this statement for the purpose of changing its registered entities or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of infalligering agent.    N_CAST_TRUE_SUBJECT Primed name of registered agent with the familiar with, and accept the obligations of infalligering agent.   N_CAST_TRUE_SUBJECT Primed name of registered agent with the familiar with, and accept the obligations of infalligering agent.   N_CAST_TRUE_SUBJECT Primed name of registered agent with the familiar with, and accept the obligations of infalligering agent.   N_CAST_TRUE_SUBJECT Primed name of registered agent or the familiar with, and accept the obligations of infalligering agent primed name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of infalligering agent primed name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of infalligering agent.   N_CAST_TRUE_SUBJECT Primed name of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of infalligering agent.   N_CAST_TRUE_SUBJECT Primed name of registered agent, or both in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the Sta	Street Address (P.Q. Box Numb NEW PORT RICHEY, FL 34652							Suite 202	
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NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / IMME STREET ADDRESS STREET ADDRESS P. D. BOX 102 CITY-ST-ZIP  DOCUMENT / IMME RYAN, MICHAEL P. D. BOX 1119 CITY-ST-ZIP DOCUMENT / IMME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / IMME SIREET AD	9. Capital Confidutions \$1,617,600,00 10. Amount of Capital Contributions								
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the receiver or trustee eppowered to execute this report as required by Chapter 620. Florida Statutes									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Claving Phone of Charles and Cha									