

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 10 AM 9:09

DOCUMENT # A03000001284 1. Entity Name GBP DEVELOPMENT, LTD.					
Principal Place of Business C/O GULF BAY MANAGEMENT, INC. 3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816			Mailing Address C/O GULF BAY MANAGEMENT, INC. 3470 CLUB CENTER BLVD. NAPLES, FL 34114-0816		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0489313	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOODWARD, MARK J C/O WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	L03000033284		STREET ADDRESS		
NAME	GBP DEVELOPMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	3470 CLUB CENTER BLVD.				
CITY-ST-ZIP	NAPLES, FL 341140816				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP					

STAPLE CHECK HERE

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14. I hereby certify that the information supplied with this filing 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: Aubrey J. Ferrao 2/7/06 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #