


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 13 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A03000001284		
1. Entity Name GBP DEVELOPMENT, LTD.		

Principal Place of Business 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114	Mailing Address 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052007 Chg-LP CR2E003 (12/06)

4. FEI Number 51-0489313	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	8156 Fiddler's Creek Parkway
NAME	GBP DEVELOPMENT, LLC	CITY-ST-ZIP	Naples, FL 34114
STREET ADDRESS	3470 CLUB CENTER BLVD.		
CITY-ST-ZIP	NAPLES, FL 341140816		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

100097292381  
04/18/07--01004--002 \*\*500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/07

(239) 732-9400

Date

Daytime Phone #

STAPLE CHECK HERE