


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN -6 AM 10:45

DOCUMENT # A04000000001					
1. Entity Name GULF BAY HOSPITALITY, LTD.					
Principal Place of Business C/O GULF BAY MANAGEMENT-AUBREY F FERRAO 3470 CLUB CENTER BLVD NAPLES, FL 34114-0816			Mailing Address C/O GULF BAY MANAGEMENT-AUBREY F FERRAO 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		4. FEI Number APPLIED FOR 59-3790126	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J WOODWARD, PIRES & LOMBARDO P.A. 3200 TAMiami TRAIL NORTH, STE 200 NAPLES, FL 33410			7. Name and Address of New Registered Agent		
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>					
9. Capital Contributions as Shown on record. \$50,000.00		10. Amount of Capital Contributions in FLORIDA to date. 50,000			
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 #	M02000003119		STREET ADDRESS		
NAME	GULF BAY HOSPITALITY COMPANY, 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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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: <i>Aubrey J. Ferrao</i>			Date: 4/25/05 (239) 732-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER AUBREY J. FERRAO			Daytime Phone #		

STAPLE CHECK HERE

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4. FEI Number APPLIED FOR 59-3790126 Applied For Not Applicable

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

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