


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
06 APR 10 AM 9:08

DOCUMENT # A04000000001 1. Entity Name GULF BAY HOSPITALITY, LTD.	
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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
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2. Principal Place of Business	3. Mailing Address	01122006	Chg-LP	CR2E003 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3790126		
City & State	City & State	Applied For Not Applicable		
Zip	Country	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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	M02000003119
NAME	GULF BAY HOSPITALITY COMPANY, LLC
STREET ADDRESS	3470 CLUB CENTER BLVD
CITY-ST-ZIP	NAPLES, FL 341140816
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/27/06--01042--024 **508.75

STAPLE CHECK HERE

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 Date: 2/7/06 Daytime Phone #: (239) 732-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER