2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED DOCUMENT # A0400000078 SECRETARY OF STATE DIVISION OF CORPORATIONS GREATER GULF COAST ASSOCIATION MANAGEMENT, LTD. 05 FEB 21 AM 11: 16 Principal Place of Business Mailing Address 23515 PCB PARKWAY 23515 PCB PARKWAY PANALIA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32413 3. Mailing Address P. D. BOX 4703 2. Principal Place of Business 5311 E.Ca HWY Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 Cha-LP CB2E003 (10/03) STE City & State ANTA ROSA BEACH, FL 4. FEI Number 20-05 City & State Applied For SAWTA ROSA Not Applicable \$8.75 Additional 5. Certificate of Status Desired (3A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWMAN, RAYMOND F JR. Street Address (P.O. Box Number is Not Acceptable) C/O BECKER & POLIAKOFF, P.A. 348 MIRACLE STRIP PARKWAY, SUITE 7 FT. WALTON BEACH, FL 32548 City 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. 10. Amount of Capital Contributions 9. Capital Contributions \$25,000,00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P03000116613 STREET ADDRESS GREATER GULF COAST MANAGEMENT, INC. 311 E.CO. HWY 30A NAME 97 ALLEN LOOP DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP SANTA ROSA BEACH, FL 32459 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS <u>70004749738</u> CITY - ST - ZIP 03/01/05--01039--012 **263.75 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: WALTER R PRICHE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIA

NAME STREET ADDRESS

417/2005 850-231-6004