

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05000000072**

1. Entity Name  
**GULF BREEZE APARTMENTS PARTNERS, LTD.**



Principal Place of Business  
**200 S. DIVISION STREET  
BUFFALO, NY 14204**

Mailing Address  
**200 S. DIVISION STREET  
BUFFALO, NY 14204**



06262008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>26-0144459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCDONOUGH, BRIAN J ESQ  
2220 MUSEUM TOWER  
150 W. FLAGLER ST., SUITE 2200  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P06000081608
NAME	NORSTAR GULF BREEZE, INC.
STREET ADDRESS	200 S. DIVISION ST.
CITY - ST - ZIP	BUFFALO, NY 14204
DOCUMENT #	L05000071936
NAME	GULF BREEZE APARTMENTS PARTNERS, LLC
STREET ADDRESS	414 E. CHARLOTTE AVE.
CITY - ST - ZIP	PUNTA GORDA, FL 33950
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000953623  
07/07/08-80006-006 508.75

**DO NOT WRITE  
IN THIS SPACE**

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]* **MARIUS STAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*6/26/08* **905-738-0754**

Day Daytime Phone #

STAPLE CHECK HERE