


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000007 1. Entity Name GULFWIND REAL PROPERTIES, LTD.	
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Principal Place of Business 112 MATAMOROS DRIVE PENSACOLA BEACH, FL 32561	Mailing Address 112 MATAMOROS DRIVE PENSACOLA BEACH, FL 32561
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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

FILED

2007 APR 25 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192007	Chg-LP	CR2E003 (12/06)
4. FEI Number 20-4148094		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DANCAESCU, VIRGINIA J 112 MATAMOROS DRIVE PENSACOLA BEACH, FL 32561	

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, 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 #	L05000114935	STREET ADDRESS	
NAME	GULFWIND MANAGEMENT, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	112 MATAMOROS DRIVE		
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		
DOCUMENT #		STREET ADDRESS	200101222142
NAME		CITY-ST-ZIP	05/02/07--01046--003 **500.00
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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 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: *Virginia J. Dancaescu* (850) 291-2/28/2007 1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE