

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 18 PM 12:00



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|--|---------------------------------|
| 1. Name of Limited Partnership GULFRONT PARTNERS, LTD. | 1a. DOCUMENT # A09705 |
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|---|--|--|---|
| Mailing Address 7092 PLACIDA RD. CAPE HAZE FL 33946 | Principal Office Address 7092 PLACIDA RD. CAPE HAZE FL 33946 | 3. Date Formed or Registered 12/05/1980 | 5a. Capital Contributions as Shown on record \$350,000.00 |
| 2. Mailing Address | 2a. Principal Office Address | 3a. Date of Last Report 02/26/1996 | 5b. Amount of Capital Contributions in FLORIDA to date |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. State or Country of Formation FL | |
| City & State | City & State | 6. FEI Number 59-2039442 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip Country | Zip Country | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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|---|---|
| 9. Name and Address of Current Registered Agent BATSEL, C. GUY 1861 PLACIDA ROAD SUITE 104 ENGLEWOOD FL 33533 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| | | | |
|--|---|--|--|
| 11. Name(s) of General Partner(s) CHARLOTTE HARBOR LAND CO | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7092 PLACIDA ROAD | 11b. City, State & Zip Code CAPE HAZE FL | 11c. Registration/Document Number 680541 |
|--|---|--|--|

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

Dean L. Beckstead

DATE

10/14/96

Typed or Printed Name of General Partner Signing Form

DEAN L. BECKSTEAD

Daytime Telephone Number

941-697-2339

CR2E003 (6/96)