2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000620

1. Entity Name
GULF BAY REPORTING, LTD.

Principal Place of Business	Mailing Address
321 MAGNOLIA AVE PANAMA CITY, FL 32401	P.O. BOX 2131 PANAMA CITY, FL 32402

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

05062005 Chg-LP CR2E003 (10/03)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOWNS, GERTRUDE B P.O. BOX 2131 PANAMA CITY, FL 32402	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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11.
$7,500.00	$7,500.00	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	13.	ADDRESS CHANGES ONLY
DOCUMENT #		STREET ADDRESS	
NAME	DOWNS, GERTRUDE B		
STREET ADDRESS	6924 ALA. AVE.	CITY-ST-ZIP	U00000368228
CITY-ST-ZIP	PORT ST. JOE, FL 32456		05/24/05--80013--013 141.25
DOCUMENT #		STREET ADDRESS	
NAME	DOWNS, ROBERT B JR.		
STREET ADDRESS	6924 ALA. AVE.	CITY-ST-ZIP	
CITY-ST-ZIP	PORT ST. JOE, FL 32456		
DOCUMENT #		STREET ADDRESS	
NAME			
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STAPLE CHECK HERE

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

SIGNATURE: Gertrude B. Downs 5/10/05 850-769-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #