


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A94000000620 1. Entity Name GULF BAY REPORTING, LTD.	
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FILED

2007 MAR 19 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

01082007 Chg-LP CR2E003 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent DOWNS, GERTRUDE B P.O. BOX 2131 PANAMA CITY, FL 32402
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

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 #		STREET ADDRESS	
NAME	DOWNS, GERTRUDE B	CITY-ST-ZIP	1421 PARKWAY Drive Panama City, FL 32404
STREET ADDRESS	6924 ALA. AVE.		
CITY-ST-ZIP	PORT ST. JOE, FL 32456		
DOCUMENT #		STREET ADDRESS	
NAME	DOWNS, ROBERT B JR.	CITY-ST-ZIP	1421 PARKWAY Drive Panama City, FL 32404
STREET ADDRESS	6924 ALA. AVE.		
CITY-ST-ZIP	PORT ST. JOE, FL 32456		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100095159811 03/28/07--01033--002 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: Gertrude B. Downs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

850-769-4853
Date Daytime Phone #