


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

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

Principal Place of Business 1336 Grace 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 # Gulf Bay Reporting Suite, Apt. #, etc. 1336 Grace Ave.	3. Mailing Address Suite, Apt. #, etc.
City & State Panama City Fla	City & State
Zip 32401	Country Bay



04072008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent DOWNS, GERTRUDE B P.O. BOX 2131 PANAMA CITY, FL 32402	
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4. FEI Number 41-2238516	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 Gertrude B. Downs DATE _____
Signature typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	NAME	STREET ADDRESS	500122771615
STREET ADDRESS	1421 PARKWAY DRIVE	CITY-ST-ZIP	04/10/08--01004--012 **500.00
CITY-ST-ZIP	PANAMA CITY, FL 32404		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	DOWNS, ROBERT B JR.	CITY-ST-ZIP	
CITY-ST-ZIP	1421 PARKWAY DRIVE		
	PANAMA CITY, FL 32404		
DOCUMENT #	NAME	STREET ADDRESS	
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STAPLE CHECK HERE

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