


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001216</b> 1. Entity Name GULF BAY LAND HOLDINGS II, LTD.	
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Principal Place of Business 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103	Mailing Address 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01092004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0520013	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 file if applicable

9. Capital Contributions as Shown on record \$990.00	10. Amount of Capital Contributions in FLORIDA to date
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**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 #	P94000050242	STREET ADDRESS	
NAME	GULF BAY LAND HOLDINGS II, INC.	CITY ST ZIP	
STREET ADDRESS	3470 CLUB CENTER BVD		
CITY ST ZIP	NAPLES, FL 34114		
DOCUMENT #		STREET ADDRESS	000000158703
NAME		CITY ST ZIP	05/07/04-80033-001 150.00
STREET ADDRESS			
CITY ST ZIP			
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DOCUMENT #		STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/04 (239) 732-9400

Date

Daytime Phone #

Anthony DiNardo, as Treasurer

STAPLE CHECK HERE