2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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

NAME STREET ADDRESS CITY ST ZIP DGCUMENT I NAME STREET ADDRESS 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 peportus, required by Chapter 620, Florida Statutes SIGNATURE: 4/15/04 (239) 732–9400	DOCUMENT # A9400001216 1. Entity Name GULF BAY LAND HOLDINGS II, LTD.						ccictai	y of State	
Softe April 4 or c Sonie April 4 etc Sonie April 4 etc Sonie April 4 etc Sonie April 4 etc Sonie City & State 4. FET Number 65-0520013 April 4 properties 65	3200 TAMIAMI TRAIL NORTH, STE. 200 3200 TAMIAMI TRAIL NORT			NORTH, S	STE. 200				
City & State Country To Country So, Certificate of Status Desired So, Sa, 75 Addonal File Regarded To Name and Address of New Registered Agent To Name and Address for New Registered Agent To Name and Address for New Re	Principal Place of Business 3. Mailing Address			·					
See Country Zig Country Zig Country Zig Country S. Certification of Status Desired S. Certification of Status Desired See Required Fee Required Fee Required To Name and Address of New Registered Agent Name Na	Suite, ApI #.	Suite, Apt. # etc	Suite, Apt. # etc		01092004 Chg-LP	CR2E003	(10/03)		
6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMINAMI TRAIL NORTH, STE. 200 NAPLES, FL. 34103 City FL. 26 Code 8. The above rained entity submits the statement for the purpose of changing its registered officer or registered agent or both in the State of Fonda. I am familiar early and accept the obligations of registered agent or both in the State of Fonda. I am familiar early and accept the obligations of registered agent. 9. Capital Contributions 990.00 10. Amount of Capital Contributions 990.00 10. Amount of Capital Contributions 990.00 A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST 6E REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. CINTERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOWNAMI MAKE CITY ST 29 COMMIT AND COURS OF THE BYD ON ST 29 DOWNAMI WARK SIREL MORESS OTH ST 29 DOWNAMI AND COURS OF THE BYD OTH ST 29 DOWNAMI AND COURS OF THE THE INFORMATION OF THE STATE CONTINE COURS OF THE THE INFORMATION OF THE STATE CONTINE COURS OF THE THE INFORMATION OF THE STATE OTH ST 29 DOWNAMI AND COURS OF THE THE INFORMATION OF THE STATE CONTINE COURS OF THE THE INFORMATION OF THE STATE CONTINE COURS OF THE THE INFORMATION OF THE COURS OF THE THE INFORMATION OF THE I	City & State		City & State						
WOODWARD, MARK J 3200 TAMILAM TRAIL NORTH, STE. 200 NAPLES, FL 34103 City FL Zip Code 8. The store named entity submits the statement for the purpose of changing its registered office or registered agent or both, in the State of Rouda. Lam Islandear with and accept the obligations of registered agent are real time obligations of registered agent are real time obligations of registered agent are real time. If the purpose of changing its registered agent or both, in the State of Rouda. Lam Islandear with and accept the obligations of registered agent are real time. If the purpose of changing its registered agent or both, in the State of Rouda. Lam Islandear with and accept the obligations of registered agent or both, in the State of Rouda. Lam Islandear with and accept the obligations of registered agent or both, in the State of Rouda. Lam Islandear with and accept the transport of the Islandear with and accept the Islandear with and accept the Obligation of Policy of the Islandear William Islandear with and accept the Islandear William	Zıp			Coun	itry		Fee	Required	
Street Address (P.O. Box Number is Not Acceptable) City FL	Name and Address of Current Registered Agent								
E. The above camed entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Floxas. I am familiar with and accept the chalgeatons of registered office or registered office or registered agent or both, in the State of Floxas. I am familiar with and accept the chalgeatons of registered office or registered office or registered agent or both, in the State of Floxas. I am familiar with and accept the chalgeatons of registered office or registered office or registered agent or both, in the State of Floxas. I am familiar with and accept the chalgeaton or record. 9. Capital Contributions. 9. Capital	3200 TAMIAMI TRAIL NORTH, STE. 200				Street Address (P.O. Box Number is Not Acceptable)				
B. The above-ramae entry submits this statement for the purpose of changing its registered affice or registered agent or both, in the State of Florata. I am familiar with and accept the changing on the obligations of registered agent. Or both, in the State of Florata. I am familiar with and accept the changing of the state of Florata and the state of Florata and the state of Florata. SIGNATURE 9. Capital Contributions \$990.00 10. Amount of Capital Contributions \$990.00 10. Amount of Capital Contributions \$0. The Contri									
Signature Sign							<u> </u>		
B. Capital Contributions 9 Capital Contributions 9 September 1 Sep			r the purpose of changing its	s register	ed office or register	ed agent or both, in the State of F	lorida. Fam fami	liar with and accept	
A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOWNALL SULF BAY LAND HOLIDINGS II, INC. SIREL ADDRESS CHANGES ONLY ODDRESS 3470 CLUB CENTER BVD ONLY ST. 2P ODDRESS CHANGES CHANGES ONLY STREET ADDRESS CHANGES CHANGES ONLY STREET ADDRESS CHANGES ONLY OFFI ST. 2P ODDRESS CHANGES CHANGES ONLY STREET ADDRESS CHANGES CHANGES ONLY OFFI ST. 2P ODDRESS CHANGES CHANGES CHANGES ONLY STREET ADDRESS CHANGES CHANGES ONLY ONLY ST. 2P ODDRESS CHANGES CHAN	SIGNATURE Supercore Typed on british have of registered agent and Me if applicative DATE.								
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 19.4000050242 GULF BAY LAND HOLDINGS II, INC. SIREL ADDRESS 2470 CLIB CENTER BVD NAPLES, FL 34114 DODINGKI I NAME SIREL ADDRESS CITY ST 2P DODINGKI I NAME SIREL ADDRESS CITY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P COLY ST 2P COLY ST 2P COLY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P COLY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P COLY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P COLY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P COLY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P COLY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P COLY ST 2P DOCUMENT I NAME SIREL ADDRESS CITY ST 2P DOCUMENT I NAME SIREL ADDRESS									
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DODMAND GULF BAY LAND HOLDINGS II, INC. SIRET ADDRESS OTY ST JP NAPLES, FL 34114 DODMAND SIRET ADDRESS CITY ST JP COUMENT / NAME SIRET ADDRESS CITY ST JP CITY								ar .	
NAME SIRET ADDRESS ATO CLUB CENTER BVD NAPLES, FL 34114 CITY ST JP DODIMENT # NAME SIRET ADDRESS CITY ST JP CODMENT # NAME SIRET ADDRESS CITY ST JP CITY ST JP CODMENT # NAME SIRET ADDRESS CITY ST JP		GENERAL PARTNER			·				
CITY ST-2IP DOUMENT # NAME SITERET ADDRESS CITY ST-2IP DOUMENT # NAME STREET ADDRESS CITY ST-2IP COLUMBRI # NAME STREET ADDRESS CITY ST-2IP CITY ST-	NAME C	GULF BAY LAND HOLDINGS II, INC.							
SIREET ADDRESS CITY ST ZP CUCUMENT # MAKE STREET ADDRESS CITY ST ZP 14. I hereby certify that the information supplied with this falling does not qualify for the examption stated in Section 119 07(3)(x), Florida Statutes I further certify that the information indicated on this report is true and securate and that make the same legal effect as if made under oath, that I am a General Partner of the firmled partnership or the recover or frustee emphasion is true and securate and that make the same legal effect as if made under oath, that I am a General Partner of the firmled partnership or the recover or frustee emphasion for countries are already by Chaqles 620, Florida Statutes SIGNATURE: A/15/04 (239) 732–9400					r - ST - ZIP				
CITY ST 2P CUCHMENT / NAME STREET ADDRESS CITY ST 2IP DOCUMENT / NAME STREET ADDRESS CITY ST 7IP DOCUMENT /	NAME			STR	EET ADORESS	มยุมเ ขร <i>า</i> งก _ำ าง	UU158703 <mark>4-80033-</mark>	001 150.00	
STREET ADDRESS CITY ST ZIP DOCUMENT / MAME SIREET 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 facturate 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 recover or trustee empowers to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: WWW.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W				CIT	Y ST ZiP				
CITY ST ZIP DOCUMENT I NAME STREET ADDRESS CITY ST ZIP DOCUMENT I NAME STREET ADDRESS CITY ST ZIP DOCUMENT I NAME STREET ADDRESS CITY ST ZIP CITY ST ZIP DOCUMENT I NAME STREET ADDRESS CITY ST ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119 07(3)(i), Florida Statutes I further certify that the information indicated on this report is true and socurate and that my signature slall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the recover or trustee empowers from your limits epochas required by Chapter 620, Florida Statutes SIGNATURE: MAMMANAMANAMANAMANAMANAMANAMANAMANAMAN	NAME			\$रन	KET ADDRESS				
STREET ADDRESS CITY ST ZIP DOCUMENT # NAME 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 empowers to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: **STREET ADDRESS** CITY ST ZIP **STREET ADDRESS* CITY ST ZIP **S	1			CIT	Y ST ZIP				
City St ZIP DOCUMENT # NAME STREET ADDRESS City St ZIP DOCUMENT # NAME STREET ADDRESS City St ZIP DOCUMENT # NAME STREET ADDRESS City St ZIP City St ZIP City St ZIP DOCUMENT # NAME STREET ADDRESS City St ZIP 14. Thereby certify that the information upplied with this filing does not qualify for the exemption stated in Section 119 07(3)(a), Florida Statutes I further certify that the information indicated on this report is true and accurate and that may 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 eport as required by Chapter 620, Florida Statutes SIGNATURE: 4/15/04 (239) 732–9400	NAME			STR	REET ADDRESS				
NAME STREET ADDRESS CITY ST ZIP DOCUMENT I NAME STREET ADDRESS 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: 4/15/04 (239) 732–9400	n l			CIT	Y ST ZIP		······································		
STREET ADDRESS SIRRET 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 empowering to execute this peroritas, required by Chapter 620, Florida Statutes SIGNATURE: 4/15/04 (239) 732–9400	S NAME			STR	REET AOORESS				
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 scourate 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 empowering to expect this report as required by Chapter 620, Florida Statutes. SIGNATURE: 4/15/04 (239) 732–9400	1 GRY SEZIE			CIT	Y 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 empowers to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: 4/15/04 (239) 732–9400	NAME			STF	REET ADDRESS				
SIGNATURE: March 4/15/04 (239) 732-9400	CITY ST ZIP								
SIGNATURE.		Muhar	n this filing does not qualify f I that my signature slall hav- irs report as required by Cha	or the exi e the sam opter 620,	emption stated in Se ne legal effect as if r , Florida Statules				
Anthony DiNardo, as Treausrer	SIGNATO	SIGNATURE AND TYPED O				Date			