2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A94000001216** 06 APR 10 AM 9: 08 GULF BAY LAND HOLDINGS II, LTD. Principal Place of Business Mailing Address 3200 TAMIAMI TRAIL NORTH, STE. 200 3200 TAMIAMI TRAIL NORTH, STE. 200 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 01132006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FEI Number 65-0520013 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL NORTH, STE. 200 NAPLES, FL 34103 City 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P94000050242 DOCUMENT # STREET ADDRESS GULF BAY LAND HOLDINGS II, INC. NAME 3470 CLUB CENTER BVD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP DOCUMENT # STREET ADDRESS 900072424739 NAME 04/27/06--01043--002 **508.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowerful to execute this report as required by Chapter 620, Florida Statutes

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Aubrey J. Ferra6

SIGNATURE:

(239) 732-9400

Dayume Phone #

2/7/06