## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

## FILED **DOCUMENT # A94000001216** 1. Entity Name GULF BAY LAND HOLDINGS II, LTD. 2007 APR 13 AM 10: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LP CR2E003 (12/06) City & State City & State Applied For 4. FEI Number 65-0520013 Not Applicable Zip 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 WOODWARD, MARK J 3200 TAMIAMI TRAIL NORTH, STE. 200 Street Address (P.O. Box Number is Not Acceptable) 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 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P94000050242 OOCUMENT # 8156 Fiddler's Creek Parkway STREET ADDRESS GULF BAY LAND HOLDINGS II, INC. NAME STREET ADDRESS 3470 CLUB CENTER BVD CITY-ST-ZIP Naples, FL 34114 CITY-ST-ZIP NAPLES, FL 34114 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 7000972925 04/18/07--01004--008 DOCUMENT I STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 1 am a General Partner of the limited partnership or the receiver or trustee empowered to effect this report as required by Chapter 620, Florida Statutes 2/19/07 (239) 732-9400 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

 $\overline{\mathsf{Jos}}\mathsf{eph}$  Livio Parisi, as VP and Not Individually