

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 31 PM 3:34

117



1. Name of Limited Partnership  
**GULF BAY DEVELOPMENT ADVOCATES, LTD.**

1a. DOCUMENT #  
**A94000001241**

|  |  |   |   |
|--|--|---|---|
| Mailing Address<br><del>4001 TAMiami TRAIL SUITE 350</del><br><del>NAPLES FL 33940</del>   | Principal Office Address<br>4001 TAMiami TRAIL SUITE 350<br>NAPLES FL 33940                        | 3. Date Formed or Registered<br>09/14/1994  | 5a. Capital Contributions as Shown on record.<br><b>\$990.00</b>  |
| 2. Mailing Address<br>Suite, Apt. #, etc.<br><b>801 Laurel Oak Dr., Ste. 640</b><br>City & State<br><b>Naples, FL</b><br>Zip Country<br><b>34108 USA</b> | 2a. Principal Office Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country<br><b>34103</b> | 3a. Date of Last Report<br>11/02/1995   | 5b. Amount of Capital Contributions in FLORIDA to date.<br><b>\$990.00</b>  |
|  |  | 4. State or Country of Formation<br><b>FL</b>   | 6. FEI Number<br><b>65-0523214</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|  |  | 7. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required | 8. Make check payable to: Dept. of State (See reverse side for fee information)                                       |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>WOODWARD, MARK J</b><br><b>801 LAUREL OAK DRIVE, SUITE 640</b><br><b>NAPLES FL 33903</b> | 10. If changed, new Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite Apt. #, etc.<br>City<br><b>FL</b> Zip Code<br><b>34108</b> |
|--|---|

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

|  |   |   |  |
|--|---|---|--|
| 11. Name(s) of General Partner(s)<br><b>GULF BAY DEVELOPMENT ADVOCAT</b>               | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)<br><b>4001 TAMiami TRAIL NO</b> | 11b. City, State & Zip Code<br><b>NAPLES FL 33940 34103</b> | 11c. Registration/Document Number<br><b>L88998</b> |
| <b>600002050256--7</b><br><b>-01/08/97--01040--003</b><br><b>****208.75 ****208.75</b> |   |   |  |

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By *[Signature]* **Gulf Bay Development Advocates, Inc.** DATE **12/26/96**

Typed or Printed Name of General Partner Signing Form **Aubrey J. Ferrao, Pres.** Daytime Telephone Number **(941) 434-2030**

CR2E003 (6/96)