


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

**FILED**  
2007 APR 13 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A95000001909</b>					
1. Entity Name GULF BAY 100, LTD.					
Principal Place of Business 3200 TAMiami TRAIL N., STE. 200 NAPLES, FL 34103			Mailing Address 3200 TAMiami TRAIL N., STE. 200 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0628890	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WOODWARD, MARK J 3200 TAMiami TRAIL N., 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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P93000015485		STREET ADDRESS	8156 Fiddler's Creek Parkway	
NAME	GB 100, INC.		CITY-ST-ZIP	Naples, FL 34114	
STREET ADDRESS	3470 CLUB CENTER BLVD				
CITY-ST-ZIP	NAPLES, FL 34114				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	800097292399 04/18/07--01004--003 **500.00	
STREET ADDRESS					
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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 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 empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____			2/19/07 (239) 732-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
Joseph Livio Parisi, as VP and Not Individually					

STAPLE CHECK HERE