


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 15 AM 11:32

<b>DOCUMENT # A95000001909</b> 1. Entity Name GULF BAY 100, LTD.	
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Principal Place of Business 3200 TAMiami TRAIL N., STE. 200 NAPLES, FL 34103	Mailing Address 3200 TAMiami TRAIL N., STE. 200 NAPLES, FL 34103
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01152008 No.Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0628890	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P93000015485
NAME	GB 100, INC.
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100123549981  
04/15/08--01030--020 \*\*157.50

100123549981  
04/15/08--01030--013 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

*Paul*

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: *Aubrey J. Perre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 31, 2008 (239) 732-9400

Date Daytime Phone #

*Aubrey J. Perre* as General Partner and Not Individually

STAPLE CHECK HERE