

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 26 AM 8:57

mtu
1/7

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001797

GULF BAY 200, LTD.



Mailing Address

Principal Office Address

~~801 LAUREL OAK DRIVE, SUITE 640 --~~
NAPLES FL 34108

801 LAUREL OAK DRIVE, SUITE 640
NAPLES FL 34108

3. Date Formed or Registered

09/27/1996

3a. Date of Last Report

12/31/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$990.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$990.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

801 Laurel Oak Dr., Ste. 710

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number 65-0709700

APPLIED FOR ---

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 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

10. If changed, now Registered Agent/Office

WOODWARD, MARK J

~~801 LAUREL OAK DRIVE, SUITE 640 --~~
NAPLES FL 34108

Name

Street Address (P.O. Box Number Is Not Acceptable)

801 Laurel Oak Dr., Suite 710

Suite, Apt. #, etc.

City

FL

Zip Code

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

GB 200, INC.

4001 TAMiami TRAIL NO

NAPLES FL 34103

P96000072741

100002394931 -- 5
-01/09/98--01004--016
****165.00 ****165.00

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 with 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

Aubrey J. Ferrao

DATE

12-16-97

Typed or Printed Name of General Partner Signing Form

AUBREY J. FERRAO

Daytime Telephone Number

(941) 434-2030

CR2E003 (6/97)