FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE.

Typed or Printed Name of General Partner Signing Form Aubrey

1a. DOCUMENT # A9600001797

DIVISION OF CORPORATIONS
98 DEC 21 PH 12: 37

DATE 12/16/98

Daytime Telephone Number (941) 434-2030

	7.000000	710000001707			
GULF BAY 200, LTD.		- 12/30			
Mailing Address	Principal Office Address	***************************************	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
801 LAUREL OAK DRIVE. SUITE 710 NAPLES FL 34108	801 LAUREL OAK DRIVE, SUITE NAPLES FL 34108	710	09/27/1996 3a. Date of Last Report 12/26/1997	\$990.00	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date: \$990.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable \$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required tate (See reverse side for fee information)	
9. Name and Address of Cur	10. If changed, new Registered Agent/Office				
		Name			
WOODWARD, MARK J		Street Address (P.O. Box Number Is Not Acceptable)			
801 LAUREL OAK DRIVE, SUITE 710		<u> </u>			
NAPLES FL 34108		Sulte, Apt. #, etc.			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation.	or registered agent, or both, in the State of Flor	ed limited partnershi ida. Such change wa	p organized or registered under the laws of the as authorized by its general partner(s). I hereby	State of Florida, submits this statement accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			DATE_		
A GENERAL PARTNER THA	ST BE REGISTERED AN	D ACTIVE	ARTNERSHIP OR OTHER WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers) 1	1b. City, State & Zip Code	11c. Registration/ Document Number	
GB 200, INC.	4001 TAMIAMI TRAIL NO		NAPLES FL 34103	P96000072741	
			500002 -01/08, ****15	7350854 7350854 739-01093005 50.00 ****150.00	
•	1	1		1	

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

12. Ido 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-empliance 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 be 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 charges 620, Flores Statutes.