2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

DIVISION OF CORPORATIONS **DOCUMENT # A97000000807** 06 APR 10 AM 9: 10 GULF BAY CONSTRUCTION, LTD. Mailing Address Principal Place of Business 3200 TAMIAMI TRAIL N., STE. 200 3200 TAMIAMI TRAIL N., STE. 200 NAPLES, FL 34103 NAPLES, FL 34103 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E003 (11/05) Chg-LP Applied For City & State 4. FEI Number City & State 59-3493129 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL N., STE. 200 NAPLES, FL 34103 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P97000024722 DOCUMENT # STREET ADDRESS **GULF BAY CONSTRUCTION, INC.** NAME STREET ADDRESS 3470 CLUB CENTER BLVD CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP DOCUMENT # STREET ADDRESS 300072425783 04/27/06 01043 012 **508.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 uno 2/7/06 (239) 732-9400

OF SIGNING GENERAL PARTNER

SECRETARY OF STATE

Daytime Phone #