2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # B01000000416

1. Entity Name
GULF ATLANTIC PARTNERS, LTD.

Principal Place of Business
40 SOUTH ADDISON ROAD, SUITE 100
ADDISON, IL 60101

Mailing Address
40 SOUTH ADDISON ROAD, SUITE 100
ADDISON, IL 60101

04152005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business | 3. Mailing Address
Suite Apt # etc | Suite Apt # etc
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number
36-4445493
Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record $89,056.00

10. Amount of Capital Contributions in FLORIDA to date

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F01000005634	STREET ADDRESS	
NAME	FORCON DEVELOPMENT CORPORATION		
STREET ADDRESS	40 SOUTH ADDISON ROAD, SUITE 100		
CITY-ST-ZIP	ADDISON, IL 60101	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	U00000363651 05/06/05-80007-021 526.25
NAME			
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	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin P. Connelly   Kevin P. Connelly   4/25/05   630-543-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #