2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SIGNATURE: Level Deput Critical Moura For Conditional SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS

	1. Entity Name GULF LIM	DOCUMENT # B0400000214 1. Entity Name GULF LIMITED PARTNERSHIP A NORTH CAROLINA LIMITED PARTNERSHIP				D)	05 JUN 13 AM 8: 58			
	Principal Place 4141 N.W. 51 PLA		Mailing Address 4141 N.W. 5TH STREET SUITE #100 PLANTATION, FL 33317			2014 01011 0015 05111 5 0111 f	48 }; 88 88 <u> </u> 5	481 181 81 23 81 23		
f	2. Principal	ice of Business	3. Mailing Address	3. Mailing Address						
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		05092005	05092005 Chg-LP CR2E003 (10/03)			
	City & State	e	City & State	City & State		4. FEI Number	13190	186	Applied For Not Applicable	
	Zip	Country	Zip	Coun	itry		of Status Desired		.75 Additional Required	
F		6. Name and Address of Curren	nt Registered Agent		Name _	7. Name and	Address of New Reg			
	D'AGUILAF					C.C. Deviklumba				
		. 5TH STREET ION, FL 33317			Street Address (P.O. Box Number is Not Acceptable)					
					- Car.				- 0-1	
					City	<u> </u>				
	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 Cor as Shown o		\$10,000.00 10. Amount of Capital Control in FLORIDA to date			tributions In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.				
		A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN							
F	12.				· <u> </u>	ADDRESS CHANGES ONLY				
	OOCUMENT # NAME	L01000019217 CARDINAL CONFIDENTIAL LLC	c		REET ADDRESS					
-	STREET ADDRESS CITY-ST-ZIP	4141 N.W. 5TH STREET PLANTATION, FL 33317			Y-ST-ZIP	06/28	900056611879 06/28/0501038002 **475.25			
	DOCUMENT # NAME	1		STRF	REET ADDRESS				_	
_	STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP					
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STAPLE CHECK HERE	STREET ADDRESS CITY-ST-ZIP			CITY	Y-\$T-ZIP					
STAPL	DOCUMENT # NAME			STRE	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP					
	nereby c indicated	certify that the information supplied wit f on this report is true and accurate and	th this filing does not qualify for id that my signature shall have	or the exe	imption stated in S le legal effect as i	Section 119.07(3)(i) if made under oath;), Florida Statutes. I fu that I am a General F	urther certify the Partner of the	nat the information limited partnership or	