

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # B07000000171**

1. Entity Name  
**GULF PROPERTIES, L.P.**



Principal Place of Business  
**FOUR 163RD AVE E**  
**REDINGTON BEACH, FL 33708**

Mailing Address  
**3885 S. DECATUR STE 2010**  
**LAS VEGAS, NV 89103**

**FILED**

**08 JAN 29 PM 2:59**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business, No P.O. Box #

**3225 MCLEOD DRIVE**

3. Mailing Address

**PO BOX 8125**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

**PO BOX 8125**

City & State

**LAS VEGAS NEVADA**

City & State

**MADEIRA BEACH FL**

Zip

**89121**

Country

**USA**

Zip

**33738**

Country

**USA**

01162008

Chg-LP

CR2E003 (12/06)

4. FEI Number

**88-0442325**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUNT, K LUCILLE**  
**FOUR 163RD AVE E**  
**REDINGTON BEACH, FL 33708**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F99000004836**  
NAME **KENOM MANAGEMENT INC**  
STREET ADDRESS **FOUR 163RD AVE E**  
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

DOCUMENT # **LYNCH, ERIKA**  
NAME **PO BOX 8125**  
STREET ADDRESS **MADEIRA BEACH, FL 33738**  
CITY-ST-ZIP

DOCUMENT # **LYNCH, MICHAEL**  
NAME **PO BOX 8125**  
STREET ADDRESS **MADEIRA BEACH, FL 33738**  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600115895326**  
**01/23/08--01032--012 \*\*500.00**

14. I hereby certify that the information supplied with this filing 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

SIGNATURE: **Erika M Lynch corp agent**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/15/08**

**727 319 2151**  
Date Daytime Phone #

STAPLE CHECK HERE