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APP TION FOR COMMENTAL PROPERTY OF THE COMMENT OF T	FLORI	DA DEPARTMENT OF STATE		LED	
DOCUMENT # B9600000021			97 KOV	97 NOV -5 PN 4: 30	
1. Name of Limited Partnership B96000000021			STORETA	STORETARY OF STATE THE AMASSIE, FLOR DA	
GULF ISLAND RESORT, L.P	., LTD.		I HEBBER	Mitt, FILUKUA	
			DO NOT V	DO NOT WRITE IN THIS SPACE	
2. Mailing Address 6040 Sea Ranch Drive	3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida	4. Date Formed or Registered To Do Business in Florida 1/11/96	
Suite, Apl #, etc	Suite Apt #, etc	Suite, Apt. #, etc.		Applied For	
City & State	City & State	<i></i>	59-3167770	Not Applicable	
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS D	ESIRED S8.75 Additional Fee required for a Certificate of Status	
33567 USA			7. State or Country of Formatic	Delaware	
8a. Capital Contributions as Shown on Record:		FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year gue this office.			
\$100.00 8b. Amount of Capital Contributions in FLORIDA to date	3.) Penalty	3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.			
\$0.00		Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
9, Name and Address of Current Registered Agent			10. If changed, new registe	10. If changed, new registered agent/office	
			s_D. Zaretsky, Esq. s (P.O. Box Number Is Not Acceptable)	5th_Street: Suite 100	
			NE 15th Street: Sui		
City			** 30000;	3000023409037 11/06/97-41#7#:003	
		Mian	4.400.	*347. 54 ****3432.50	
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or agent. Lem familiar with, and accept the obligation.	registered agent, or bifth, in the	e Stele el Florida. Such change			
agent i am ramiliar with, and accept the obligation	s or section 620, ray, filorida Si	lotes.		10/1	
SIGNATURE (Registored Agent Accepting Appointment). A GENERAL PARTNER THAT	IC A CORPORA	TION LIMITED S	DA DENEDOUID OD OTU		
MUS	T BE REGISTER	ED AND ACTIVE	WITH THIS OFFICE.	EN BUSINESS ENTITY	
11. Names of General Partner(s)		ch General Partner t Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number	
Gulf Island Resort, Inc	. 6040 Sea R	anch Drive	Hudson, FL 33567	P93000004563	
	F	EINSTATI	EWENT 90-G	1503.150 g. 150 g	
r V			9r0002 -11/0 ****2	[V] 23409037 5/9701117082 227.50 ***1303.75	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statules. I release the Division of Corporations from any hability of non-compliance 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 the same legal diffects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE FIRM MORIOUITA LINE OF PRINCIPLE STATE STAT					
Typed or Printed Name of General Partner Signing Form Telephone Number 3 of 865 2007					