

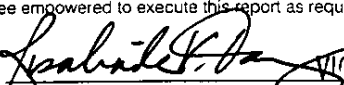


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 23 AM 9:06

DOCUMENT # B97000000225					
1. Entity Name CCC/GBI KEENE'S POINTE, LP					
Principal Place of Business 11101 CHASE RD. WINDERMERE, FL 34786			Mailing Address 11101 CHASE RD. WINDERMERE, FL 34786		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 10900 Wilshire Blvd. Suite, Apt. #, etc. 1600			
City & State		City & State Los Angeles, CA		4. FEI Number 77-0456933	
Zip Country		Zip 90024 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CSC NETWORKS 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$31,220,420.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # F97000002552 NAME CASTLE & COOKE CALIFORNIA, INC. STREET ADDRESS 10000 STOCKDALE HIGHWAY, SUITE 300 CITY-ST-ZIP BAKERSFIELD, CA 93311			STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: right; font-size: 1.5em;">2005</div>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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: 			ROSALINDA V. OASAY VICE PRESIDENT & ASSISTANT TREASURER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 310 209-3810 Daytime Phone #		

STAPLE CHECK HERE