2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
2007 APR 17 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000225

1. Entity Name
CCC/GBI KEENE'S POINTE, LP

Principal Place of Business	Mailing Address
11101 CHASE RD. WINDERMERE,FL 34786	10900 WILSHIRE BLVD SUITE 1600 LOS ANGELES CA 90024

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6304 Jack Nicklaus Parkway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere, Florida	City & State
Zip 34786 / Country USA	Zip / Country

4. FEI Number: 77-0456933 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. ** After May 1, 2007, fee will be $900. **** Make check payable to Florida Department of State.**

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 #	F97000002552	STREET ADDRESS	
NAME	CASTLE & COOKE CALIFORNIA, INC.		
STREET ADDRESS	10000 STOCKDALE HIGHWAY, SUITE 300	CITY-ST-ZIP	
CITY-ST-ZIP	BAKERSFIELD CA 93311		
DOCUMENT #		STREET ADDRESS	200098308192 04/24/07--01052--004 **500.00
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STAPLE CHECK HERE

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: Mary J. Garnett 04/05/07 (310) 208-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #