


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Jun 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B97000000430</b>	
1. Entity Name SHORES AT GULF HARBOUR LIMITED PARTNERSHIP	

Principal Place of Business 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR NAPLES, FL 34104	Mailing Address 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR NAPLES, FL 34104
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3489305	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BLOOM, KEN E 3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR NAPLES, FL 34104	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

9. Capital Contributions as Shown on record. \$5,408,096.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P96000072214	STREET ADDRESS	
NAME	RONTO DEVELOPMENTS OF FORT MYERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR		
CITY-ST-ZIP	NAPLES, FL 34104		
DOCUMENT #	M97000000477	STREET ADDRESS	U000000162580
NAME	WESTBROOK SHORES AT GULF HARBOUR, L.L.C.	CITY-ST-ZIP	06/16/04-80001-004 526.25
STREET ADDRESS	599 LEXINGTON AVENUE, STE. 3800		
CITY-ST-ZIP	NEW YORK, NY 10022		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: 	4-28-04	(239) 649 6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

STAPLE CHECK HERE