

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # B97000000430

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**

2. Principal Place of Business
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt #, etc.

City & State

Zip Country



01102005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3489305

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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.

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	
NAME	WESTBROOK SHORES AT GULF HARBOUR, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	599 LEXINGTON AVENUE, STE. 3800		
CITY-ST-ZIP	NEW YORK, NY 10022		
DOCUMENT #		STREET ADDRESS	05/08/05-80007-005 526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **KEN E. BLOOM** **3-1-05** **239-449-6310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #