

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 09, 2007 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**



04052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3489305

Applied For

Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

U00000696963
04/18/07-80022-002 500.00

**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

DOCUMENT # **P96000072214**
NAME **RONTO DEVELOPMENTS OF FORT MYERS, INC.**
STREET ADDRESS **3185 HORSESHOE DRIVE SOUTH, 1ST FLOOR**
CITY-ST-ZIP **NAPLES, FL 34104**

DOCUMENT # **M97000000477**
NAME **WESTBROOK SHORES AT GULF HARBOUR, L.L.C.**
STREET ADDRESS **599 LEXINGTON AVENUE, STE. 3800**
CITY-ST-ZIP **NEW YORK, NY 10022**

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-9-07

239-649-6310

STAPLE CHECK HERE