
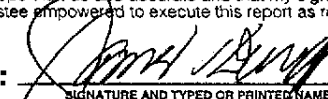


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
Jan 25, 2005 08:00 AM  
Secretary of State  
535

DOCUMENT # B98000000118					
1. Entity Name GULL COVE ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 2409 BEMISS ROAD VALDOSTA, GA 31602			Mailing Address 2409 BEMISS ROAD VALDOSTA, GA 31602		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01132005 Chg-LP CR2E003 (10/03) 4. FEI Number 59-2047074 Applied For Not Applicable	
5. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. \$210,000.00			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 #	M98000000181		STREET ADDRESS		
NAME	DEWAR GENERAL, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	2409 BEMISS ROAD				
CITY-ST-ZIP	VALDOSTA, GA 31602				
DOCUMENT #			STREET ADDRESS	000000196789	
NAME			CITY-ST-ZIP	01/26/05-80084-006 535.00	
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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)(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: 			James H. Dewar, Jr. 1/20/05 229-242-7789 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #		

STAPLE CHECK HERE