


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001635 1. Entity Name PELICAN 2003 LIMITED PARTNERSHIP	
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Principal Place of Business 804 BENTWOOD DR NAPLES FL 34108	Mailing Address 804 BENTWOOD DR NAPLES FL 34108
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 81-0582641	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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5. Name and Address of Current Registered Agent SCHRYVER, LINDA 804 BENTWOOD DR NAPLES FL 34108

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 <i>Linda Schryver</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE
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FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	NAME	STREET ADDRESS	
NAME	SCHRYVER, KENNEY TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	804 BENTWOOD DR		
CITY-ST-ZIP	NAPLES FL 34108		
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STREET ADDRESS			
CITY-ST-ZIP			

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04/18/06 80069-004 500.00

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: <i>Linda Schryver, Trustee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	LINDA Schryver	3-28-06	239-566-8651
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STAPLE CHECK HERE