

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**


2007 APR 30 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A05000000426</b>	
1. Entity Name <b>PELICAN BAY ALICO CROSSINGS, LLLP</b>	

Principal Place of Business <b>26381 SOUTH TAMiami TRAIL          SUITE 300          BONITA SPRINGS, FL 34134</b>	Mailing Address <b>26381 SOUTH TAMiami TRAIL          SUITE 300          BONITA SPRINGS, FL 34134</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01092007	Chg-LP CR2E003 (12/06)
4. FEI Number <b>20-4583510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

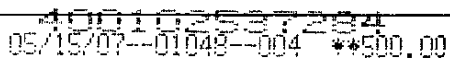
<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CONROY, J. THOMAS III          2640 GOLDEN GATE PARKWAY, SUITE 115          NAPLES, FL 34105</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>
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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 #	<b>NASHMAN, JAMES A          26381 SOUTH TAMiami TRAIL, SUITE 300          BONITA SPRINGS, FL 34134</b>	STREET ADDRESS	<div align="center">   <b>400102537284</b>  <b>05/15/07--01048--004 **500.00</b> </div>
NAME		CITY-ST-ZIP	
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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 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:** \_\_\_\_\_ **4/23/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE