


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A32180</b>			
1. Entity Name <b>PELICAN BAY CORPORATE CENTER LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>5551 RIDGEWOOD DR., SUITE 203 NAPLES FL 34108</b>		Mailing Address <b>5551 RIDGEWOOD DR., SUITE 203 NAPLES FL 34108</b>	
2. Principal Place of Business <b>800 Laurel Oak Dr.</b>		3. Mailing Address <b>800 Laurel Oak Dr.</b>	
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>	
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>	
Zip <b>34108</b>	Country <b>USA</b>	Zip <b>34108</b>	Country <b>USA</b>

**FILED**  
**Apr 08, 2005 8:00 A.M.**  
**Secretary of State**



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0417492</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ATHAN, G. HELEN ESQ 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES FL 33963</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record. <b>\$1,050,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>		

**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>S16130</b>	NAME <b>SIGPEL, INC.</b>	STREET ADDRESS <b>800 Laurel Oak Dr. Suite 300</b>	
STREET ADDRESS <b>5551 RIDGEWOOD DRIVE, SUITE 203</b>		CITY-ST-ZIP <b>Naples FL 34108</b>	
CITY-ST-ZIP <b>NAPLES FL 33963</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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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)(i), 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 #

STAPLE CHECK HERE

**3/30/05**