

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 27 AM 9:33

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1. Name of Limited Partnership

1a. DOCUMENT #
A93000000784

PELICAN ISLE YACHT CLUB PARTNERS, LTD.

Mailing Address 601 BAYSHORE BOULEVARD, SUITE 960 TAMPA FL 33606	Principal Office Address 601 BAYSHORE BOULEVARD, SUITE 960 TAMPA FL 33606
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 07/29/1993	5a. Capital Contributions as Shown on record. \$3,576,896.00
3a. Date of Last Report 11/01/1995	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
6. FEI Number 59-3193580	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

OELSCHLAEGER, EDWARD R
601 BAYSHORE BOULEVARD, SUITE 960
TAMPA FL 33606

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) PELICAN ISLE YACHT CLUB ASSO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 601 BAYSHORE BOULEVAR	11b. City, State & Zip Code TAMPA FL 33606	11c. Registration/ Document Number A93000000776
900002024729--3 -12/10/96--01092--012 *****576.25 *****576.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE DATE **11/25/96**

Typed or Printed Name of General Partner Signing Form: **Edward R. Oelschlaeger** Daytime Telephone Number **813/251-4868**

CR2E003 (6/96)