

2000 UNIFORM BUSINESS REPORT (UBR)

LJ09140 Y

DOCUMENT # A93000000784

1. Entity Name
PELICAN ISLE YACHT CLUB PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29




DO NOT WRITE IN THIS SPACE

Principal Place of Business 601 BAYSHORE BOULEVARD, SUITE 960 TAMPA FL 33606	Mailing Address 601 BAYSHORE BOULEVARD, SUITE 960 TAMPA FL 33606-2761
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3193580	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$3,576,896.00**

10. Amount of Capital Contributions in FLORIDA to date. _____


**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A93000000776 PELICAN ISLE YACHT CLUB ASSOCIATES, LTD. 601 BAYSHORE BOULEVARD, SUITE 960 TAMPA FL 33606
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	600003317136--8 -07/10/00--01013--001 ****437.50 ****437.50
STREET ADDRESS CITY - ST - ZIP	600003317136--8 -07/10/00--01013--002 *****88.75 *****88.75
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS 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 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

Edward R. Oelschlaeger
Date **4/27/00** Daytime Phone # **813-251-4868**