

2001 UNIFORM BUSINESS REPORT (UBR)

0009282 AF

DOCUMENT # A93000000784
 1. Entity Name
PELICAN ISLE YACHT CLUB PARTNERS, LTD.

Principal Place of Business Mailing Address
601 BAYSHORE BOULEVARD, SUITE 960 **601 BAYSHORE BOULEVARD, SUITE 960**
TAMPA FL 33606 **TAMPA FL 33606**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3193580 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 #	A93000000776
NAME	PELICAN ISLE YACHT CLUB ASSOCIATES, LTD.
STREET ADDRESS	601 BAYSHORE BOULEVARD, SUITE 960
CITY-ST-ZIP	TAMPA FL 33606
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300003951193--1 -04/05/01--01081--016 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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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 #

mf
FILED
01 MAR 28 AM 7:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)