

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:45

DOCUMENT # A93000000784

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



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

Mailing Address  
601 BAYSHORE BOULEVARD, SUITE 960  
TAMPA, FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3193580

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, RANDOLPH J  
100 N. TAMPA ST. STE. 2700  
TAMPA, FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

10. Amount of Capital Contributions  
in FLORIDA to date.

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

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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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:

EDWARD R. OELSCHLAEGER

Date

Daytime Phone #

STAPLE CHECK HERE

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04/06/05 01056 023 \*\*528.25