


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR -7 AM 9:15

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**

DO NOT WRITE IN THIS SPACE



01272006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3193580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

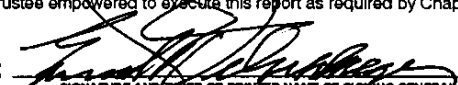
DOCUMENT #	A93000000776
NAME	PELICAN ISLE YACHT CLUB ASSOCIATES, LTD.
STREET ADDRESS	601 BAYSHORE BOULEVARD, SUITE 960
CITY-ST-ZIP	TAMPA, FL 33606
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME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

DO NOT WRITE IN THIS SPACE

200072390542
 04/27/06--01038--010 **500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 200, Florida Statutes.

SIGNATURE:  **EDWARD R. OELSCHLAEGER 2/28/06 813-251-4868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER