

**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 ☐

**\$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

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

DATE

**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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**DO NOT WRITE  
IN THIS SPACE**

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

USE

Daytime Phone #

STAPLE CHECK HERE