2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 25, 2007 08:00 AM Secretary of State

DOCUMENT	#	A9300000078	4
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1. Entity Name

PELICAN ISLE YACHT CLUB PARTNERS, LTD.



Principal Place of Business

Mailing Address

601 BAYSHORE BOULEVARD, SUITE 960 TAMPA, FL 33606

601 BAYSHORE BOULEVARD, SUITE 960 TAMPA, FL 33606



01072007 No Chg-LP

CR2E003 (12/06)

4. FEI Number	Applied For	Applied For
59-3193580	Not Applicat	Not Applicab
5. Certificate of Status Desired	\$8.75 Additional	

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6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title / applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900	0.00
		TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ne 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	U00000730862
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	·	- 03/00/01_00030_013 300.0
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 secure this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT /
NAME
STREET ADDRESS
CITY-S1-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

EDWARD R. OELSCHLAEGER 3/12/07

813-251-4868

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Daytime Phone 4