

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013298 AT

**DOCUMENT # A93000000784**

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



FILED

03 APR 21 PM 2:16

SECRETARY OF STATE  
TALLEHAUSSEE, FLORIDA

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2003**

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

**OELSCHLAEGER, EDWARD R  
601 BAYSHORE BOULEVARD, SUITE 960  
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name  
**Randolph J. Wolfe**

Street Address (P.O. Box Number is Not Acceptable)  
**100 N. Tampa St. Ste 2700**

City **Tampa** State **FL** Zip Code **33602**

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 *Randolph J. Wolfe* **Randolph J. Wolfe** DATE **3/19/03**

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

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400016398024</b>
CITY-ST-ZIP	<b>04/21/03--01066--006 **526.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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* **Edward R. Oelschlaeger** DATE **3/18/03** DAYTIME PHONE # **813-251-4868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

SIGNATURE CHECK HERE