

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000666**

1. Entity Name  
**PELICAN POINTE OF BAY, LTD.**



Principal Place of Business  
**1002 WEST 23RD STREET, SUITE 400**  
**PANAMA CITY, FL 32405**

Mailing Address  
**1002 WEST 23RD STREET, SUITE 400**  
**PANAMA CITY, FL 32405**

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**59-3371065**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**PIPPIN, LAURETTA J**  
**1002 WEST 23RD STREET, SUITE 400**  
**PANAMA CITY, FL 32405**

Name

Street Address (P.O. Box Number Not Acceptable)

City

**FL** Zip Code

**7. Name and Address of New Registered Agent**

**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.

**1100001539405**  
**05/09/06-80098-010 500.00**  
 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 # **598978**  
 NAME **ROYAL AMERICAN DEVELOPMENT, INC.**  
 STREET ADDRESS **1002 WEST 23RD STREET, SUITE 400**  
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

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 CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**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 620, Florida Statutes

**SIGNATURE:**

**Lauretta J. Pippin, Secretary**

**4/20/06**

**(850) 769-8981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE