


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A97000002938					
1. Entity Name ST. CROIX APARTMENTS AT PELICAN MARSH, LTD.					
Principal Place of Business 7995B PRESERVE CIRCLE NAPLES, FL 34119		Mailing Address 7995B PRESERVE CIRCLE NAPLES, FL 34119			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3502164	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For Not Applicable		02222007 Chg-LP CR2E003 (12/06)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONROY, THOMAS J III 2640 GOLDEN GATE PKWY., SUITE 115 NAPLES, FL 34105			Name Conroy, J. Thomas III Street Address (P.O. Box Number is Not Acceptable) 2210 Vanderbilt Beach Rd., Suite 1201 City Naples FL Zip Code 34109		
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 2/22/07		
Signature, typed or printed name of registered agent and title if applicable			DATE		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000108957		STREET ADDRESS		
NAME	ST. CROIX APARTMENTS AT PELICAN MARSH, INC		CITY-ST-ZIP		
STREET ADDRESS	7995-B PRESERVE CIRCLE				
CITY-ST-ZIP	NAPLES, FL 34119				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: _____			DATE 4/25/07		
Signature and typed or printed name of signing general partner			DATE		



STAPLE CHECK HERE

000101972870
 05/09/07--01046--004 **500.00