


2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:51

DOCUMENT # A98000000483 1. Entity Name PELICAN HOUSING GROUP, LTD.					
Principal Place of Business 5245 U.S. HIGHWAY 19 N NEW PORT RICHEY, FL 34652			Mailing Address 5245 U.S. HIGHWAY 19 N NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05252006 REIN-LP CR2E100 (11/05)	
Zip		Country		4. FEI Number 59-3497122	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BORDA, INC. 5245 U.S. HIGHWAY 19 N NEW PORT RICHEY, FL 34652				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)</small>					
FILE NOW!!! FEE IS \$2000.00					
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 #	P95000039079			STREET ADDRESS	900075873729
NAME	BORDA, INC.			CITY-ST-ZIP	06/06/06--01015--030 **2000.00
STREET ADDRESS	5245 U.S. HIGHWAY 19 N				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	REINSTATEMENT 05-06
STREET ADDRESS					
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date: 5/25/06 Daytime Phone #	

STAPLE CHECK HERE