



**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A98000000483	
1. Entity Name PELICAN HOUSING GROUP, LTD.	

FILED

2008 MAY 28 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/07)

4. FEI Number 59-3497122	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent BORDA, INC. 5245 U.S. HIGHWAY 19 N NEW PORT RICHEY FL 34652	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

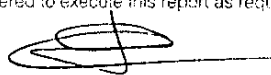
SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and date of application)

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000039079 BORDA, INC. 5245 U.S. HIGHWAY 19 N NEW PORT RICHEY FL 34652	STREET ADDRESS CITY - ST - ZIP	900123958789 04/18/08--01006--024 **500.00
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/5/08 777-447-2328
Date Date-time Phone #

STAPLE CHECK HERE