2003 LIMITED PARTNERSHIP JUNIFORM BUSINESS REPORT (UBR)

A98000000483 **DOCUMENT #**

PELICAN HOUSING GROUP, LTD.

Country

6. Name and Address of Current Registered Agent



Principal Place of Business 5245 U.S. HIGHWAY 19 N **NEW PORT RICHEY FL 34652**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

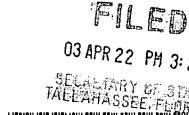
Mailing Address 5245 U.S. HIGHWAY 19 N NEW PORT RICHEY FL 34652

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.



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	DUE BY MAY 1, 2003			
	4. FEI Number 59-3497122 Applied For			
	Not Applicable			
Country	5. Certificate of Status Desired			
	7. Name and Address of New Registered Agent			
Name				

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.	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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions

\$9,900.00 as Shown on record. 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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P95000039079 BORDA, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	5245 U.S. HIGHWAY 19 N NEW PORT RICHEY FL 34652	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	500016657976 04/22/0301032031 **158.05
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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 adcurate 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:

4-10-03