


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000245 1. Entity Name STANLEY G. WILLIAMS PARTNERSHIP, LTD.	
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Principal Place of Business 4 OCEANS W. BLVD., 204 B DAYTONA BEACH SHORES FL 32118	Mailing Address 4 OCEANS W. BLVD., 204 B DAYTONA BEACH SHORES FL 32118
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-3558496** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, STANLEY G
4 OCEANS W. BLVD., 204 B
DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	P99000006701	STREET ADDRESS	1000000453378
NAME	PELICAN ENTERPRISES TEAM, INC.	CITY-ST-ZIP	03/14/06-80018-003 508.75
STREET ADDRESS	4 OCEANS W. BLVD., 204 B		
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Stanley G. Williams **2/27/06** **386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
760-0192

STAPLE CHECK HERE