


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 MAR 30 AM 10:55

DOCUMENT # B01000000171				
1. Entity Name PELICAN VILLAGE, LP				
Principal Place of Business 24830 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34134-1950		Mailing Address 24830 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34134-1950		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$99.00		10. Amount of Capital Contributions in FLORIDA to date. 99.00		
		141.25		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>				
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		
DOCUMENT #	F01000002616	STREET ADDRESS		
NAME	PELICAN VILLAGE MANAGEMENT, INC.	CITY-ST-ZIP		
STREET ADDRESS	201 N. ILLINOIS STREET, 23RD FLOOR			
CITY-ST-ZIP	INDIANAPOLIS, IN 462041950			
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 exemption stated in Section 119.07(3)(i), 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: <i>Joyce A. Bradley</i>		By <i>Joyce A. Bradley</i> Date <i>3/17/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date <i>3/17/05</i> Daytime Phone # <i>(317) 237-2900</i>		

*Handwritten initials*



STAPLE CHECK HERE

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*Pelican Village Mgmt.*

*Asst. Sec.*