

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 30 PM 12:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # B9800000691</b>	
1. Entity Name <b>PELICAN LANDING GOLF RESORT VENTURES LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>24301 WALDEN CENTER DRIVE, SUITE 300          BONITA SPRINGS, FL 34134</b>	Mailing Address <b>24301 WALDEN CENTER DRIVE, SUITE 300          BONITA SPRINGS, FL 34134</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04272004 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>59-3543433</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



6. Name and Address of Current Registered Agent	
<b>HASTINGS, VIVIEN N          24301 WALDEN CENTER DRIVE, SUITE 300          BONITA SPRINGS, FL 34134</b>	

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

9. Capital Contributions as Shown on record. <b>\$30,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$8,869,306</b>
---	--

**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	<b>F98000006625 PELICAN LANDING GOLF RESORT VENTURES, INC. 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	<b>500036487195 05/17/04--01010--020 **2105.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

STAPLE CHECK HERE

*Handwritten signature/initials*

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

**PELICAN LANDING GOLF RESORT VENTURES, INC.**  
**SIGNATURE:** *Vivien N. Hastings* **VIVIEN N. HASTINGS** **04/28/2004** **239-498-8604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**Vice President**