

2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006

DOCUMENT # B98000000691

1. Entity Name  
PELICAN LANDING GOLF RESORT VENTURES LIMITED  
PARTNERSHIP



Principal Place of Business  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS, FL 34134

Mailing Address  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS, FL 34134

FILED

06 MAY -1 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



04192006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3543433

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DRIVE, SUITE 300  
BONITA SPRINGS, FL 34134

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # F98000006625  
NAME PELICAN LANDING GOLF RESORT VENTURES, INC.  
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500075013365  
05/22/06--01008--005 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

Vivien Hastings, Secretary

STAPLE CHECK HERE