

**2007 LIMITED PARTNERSHIP ANNUAL REPORT\***  
**Due By May 1, 2007**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**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**



04232007 No Chg-LP

CR2E003 (12/06)

**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

000000758517  
05/23/07 000000 010 500.00

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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**

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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:**

*James Cullen*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date

Daytime Phone #

STAPLE CHECK HERE