

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 01, 2008 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



04302008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3543433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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

000000942405
05/29/08-80017-016 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

James D Cullen
James D Cullen, VAs 4-30-08

STAPLE CHECK HERE