

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012450

1. Entity Name
MDG-PELICAN PROPERTIES, L.L.C.

Principal Place of Business
2180 IMMOKALEE RD., STE. 308
NAPLES FL 34110

Mailing Address
2180 IMMOKALEE RD., STE. 308
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3675365

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

WILLIAM L. KLOHN

Street Address (P.O. Box Number is Not Acceptable)

2180 IMMOKALEE RD., SUITE 308

City

NAPLES

FL

Zip Code

34110

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER
NAME MDG-CAPITAL PARTNERS, INC.
STREET ADDRESS 2180 IMMOKALEE RD.
CITY-ST-ZIP NAPLES, FL. 34110 ☐ Delete

TITLE MEMBER
NAME MDG-CAPITAL PARTNERS, INC. ☐ Change ☒ Addition
STREET ADDRESS 2180 IMMOKALEE ROAD, SUITE 308
CITY-ST-ZIP NAPLES, FL. 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MEMBER
NAME PELICAN PROPERTIES OF NAPLES ☐ Change ☒ Addition
STREET ADDRESS 2180 IMMOKALEE ROAD, SUITE 308
CITY-ST-ZIP NAPLES, FL. 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME 4000004211954-1 ☐ Change ☐ Addition
STREET ADDRESS -05/11/01--01088--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)