

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000012450

FILED
Aug 27, 2003
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

7111 DORSEY RUN ROAD
SUITE 101
ELKRIDGE, MD 21075

FEI Number: 59-3675365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLOHN, WILLIAM L
2180 IMMOKALEE RD., STE. 308
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: MDG-CAPITAL PARTNERS, , INC.
Address: 2180 IMMOKALEE RD., STE. 308
City-St-Zip: NAPLES, FL 34110

Title: MEM () Delete
Name: PELICAN PROPERTIES O, F NAPLES
Address: 2180 IMMOKALEE RD., STE. 308
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MDG-CAPITAL CORPORAT, ION
Address: 2180 IMMOKALEE RD., STE. 308
City-St-Zip: NAPLES, FL 34110

Title: MGRM (X) Change () Addition
Name: PELICAN PROPERTIES O, F NAPLES
Address: 2180 IMMOKALEE RD., STE. 308
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: R. WAYNE NEWSOME

MGRM

08/27/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date