

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90075 007 ****50.00

DOCUMENT # L01000001042



1. Entity Name
PELICAN BAY TOWNHOUSE RESORT, L.L.C.

Principal Place of Business
**2282 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32308**

Mailing Address
**2282 KILLEARN CENTER BLVD.
TALLAHASSEE, FL 32308**

2. Principal Place of Business
1701 HERMITAGE BLVD.

3. Mailing Address
1701 HERMITAGE BLVD.

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.
SUITE 202

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip Country
32308 USA

Zip Country
32308 USA

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3741453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**POOLE, BARRY
2145 DELTA BLVD.
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME POOLE, BARRY
STREET ADDRESS 2145 DELTA BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGRM ☐ Delete
NAME RUDNICK, JAMES M
STREET ADDRESS 226 NORTH DUVAL STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGRM ☐ Delete
NAME PARRISH, ROBERT
STREET ADDRESS 2282 KILLEARN CENTER BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1701 HERMITAGE BLVD. SUITE 202
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

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

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

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

4/26/04

Date

850.894.3330

Daytime Phone #