

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014853

Entity Name: PELICAN PROPERTIES LLC

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

2930 COMMERCE PARK DRIVE, BAY 4
BOYTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2930 COMMERCE PARK DRIVE, BAY 4
BOYTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-1147827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, JEANNIE
2930 COMMERCE PARK DRIVE, BAY 4
BOYTON BEACH, FL 33426 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/MANAGERS:

Title: MGRM () Delete
Name: HOLBROOK, JEANNIE
Address: 2930 COMMERCE PARK DRIVE, BAY 4
City-St-Zip: BOYTON BEACH, FL 33426

Title: MGRM () Delete
Name: HOLBROOK, HARRY
Address: 2930 COMMERCE PARK DRIVE, BAY 4
City-St-Zip: BOYTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLBROOK, JEANNIE
Address: 2930 COMMERCE PARK DRIVE, BAY 4
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM (X) Change () Addition
Name: HOLBROOK, HARRY
Address: 2930 COMMERCE PARK DRIVE, BAY 4
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEANNIE HOLBROOK

PRES

01/11/2007

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