


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90103 006 ****50.00

DOCUMENT # L01000018070	
1. Entity Name PELICAN INVESTMENTS, L.L.C.	

Principal Place of Business 17757 CHAMPAGNE DRIVE WINTER GARDEN, FL 34787	Mailing Address 4327 S HWY 27, BOX 324 CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE

	
02062007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 59-3752966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOWELL, ALEXANDER M 17757 CHAMPANGE DRIVE WINTER GARDEN, FL 34787	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWELL, ALEXANDER M. 17757 CHAMPANGE DRIVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELICAN INVESTMENTS, L.L.C. 4327 S. HWY 27, BOX 324 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWELL, ALEXANDER M. 4327 S. HWY 27, BOX 324 CLERMONT, FL 34712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

11. 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 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:  2/7/07 407.832.4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #