


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90033 040 \*\*\*\*50.00

<b>DOCUMENT # L01000020276</b>					
<b>1. Entity Name</b> MRA PELICAN MANAGER, LLC					
<b>Principal Place of Business</b> 1215 SE 2ND AVE. SUITE 201 FT. LAUDERDALE, FL 33316			<b>Mailing Address</b> 1215 SE 2ND AVE. SUITE 201 FT. LAUDERDALE, FL 33316		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 74-3022443	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COFFEY, KEVIN M 900 SE 3RD AVENUE SUITE 201 FT. LAUDERDALE, FL 33316			Name <u>COFFEY, KEVIN M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1215 S.E. 2ND AVENUE, SUITE 201</u> <u>FORT</u> City <u>FORT LAUDERDALE</u> <u>FL</u> Zip Code <u>33316</u>		
<b>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.</b>					
SIGNATURE <u>Kevin Coffey, Manager</u>		DATE <u>2-18-06</u>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COFFEY, KEVIN M 1215 SE 2ND AVE. SUITE 201 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, JOHN F 425 BAY STREET SANTA MONICA, CA 90405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS, WILLIAM D TRUSTEE 9605 KINGSTON CT. #160 ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Kevin Coffey, Manager</u>		DATE <u>2-18-06</u>		Daytime Phone # <u>954 525-9695</u>	