

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR -2 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number
74-3022444
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L01000020280
1. Entity Name
MRA PELICAN INVESTOR, LLC



Principal Place of Business
**900 S.E. 3RD AVE. SUITE 201
ATTN: KEVIN COFFEY
FT. LAUDERDALE, FL 33316**

Mailing Address
**900 S.E. 3RD AVE. SUITE 201
ATTN: KEVIN COFFEY
FT. LAUDERDALE, FL 33316**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**COFFEY, KEVIN M
900 SE 3RD AVENUE
SUITE 201
FT. LAUDERDALE, FL 33316**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM COFFEY, KEVIN M 900 SE 3RD AVE, SUITE 201 FORT LAUDERDALE, FL 33316 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WALSH, JOHN F 425 BAY STREET SANTA MONICA, CA 90405 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EVANS, WILLIAM D 10 RED BIRCH LITTLETON, CO 80217 | <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 |

10. ADDITIONS/CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mgrm Evans, William D. 9605 Kingston Ct., #160 Englewood, CO 80112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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04/14/04--01045--003 **200.00

FL 50.00
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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. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #