

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000022486

1. Entity Name
PELICAN HARBOUR UNIT FOUR, L.L.C.



Principal Place of Business
712 PALMETTO AVE
MELBOURNE, FL 32901

Mailing Address
712 PALMETTO AVE
MELBOURNE, FL 32901



02062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0383103

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTWOOD, ROBERT W ESQ.
1688 W. HIBISCUS BLVD.
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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**

000000095947
03/25/04-80010-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIMS, WILLIAM J
712 PALMETTO AVE.
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ENGLE, SUSAN R
712 PALMETTO AVE.
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORGAN, STEVEN J
712 PALMETTO AVE.
MELBOURNE, FL 32901

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 exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

WILLIAM J. SIMS, FR 3/19/2004 321-225-1800