

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90013 007 \*\*\*\*55.00

**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

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-038 3103**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOSTRO, VICTOR S  
1825 RIVERVIEW DR  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Robert W. Wattwood, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**1686 W. Hibiscus Blvd.**

City **Melbourne,**

**FL**

Zip Code **32901**

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

**4/16/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**William J. Sims, Jr., Managing Member**  
**712 Palmetto Avenue**  
**Melbourne, Florida 32901**

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Susan R. Engle, Managing Member**  
**712 Palmetto Avenue**  
**Melbourne, Florida 32901**

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Steven J. Morgan, Managing Member**  
**712 Palmetto Avenue**  
**Melbourne, Florida 32901**

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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. 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.

**821-725-1800**

SIGNATURE: **WILLIAM J. SIMS, JR. MANAGER 8/28/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

CR2E083 (10/02)