

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jul 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # L01000022786

1. Entity Name  
PELICAN POINTE CLUB LLC



Principal Place of Business  
499 DERBYSHIRE DR.  
VENICE, FL 34292

Mailing Address  
499 DERBYSHIRE DR.  
STE. 200  
VENICE, FL 34292



06302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
30-0001430

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'NEILL, AL  
TRENAM, KEMKER, ET AL  
101 E. KENNEDY BLVD. #2700  
TAMPA, FL 33602

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 September 7, 2005

U000000373484  
07/18/05-80016-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BUENA VISTA HOSPITALITY GROUP
STREET ADDRESS	2910 W BAY TO BAY BLVD. #200
CITY-ST-ZIP	TAMPA, FL 33629

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

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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. 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

6/30/05 813-221-7535