

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90748 008 ****50.00

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1. Entity Name
PELICAN POINTE CLUB LLC



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

Mailing Address
**2910 WEST BAY TO BAY BLVD.
STE. 200
TAMPA FL 33629**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
499 Derbyshire Dr.

3. Mailing Address
2910 W. Bay to Bay Blvd

Suite, Apt. #, etc.
Suite #200

City & State
Venice FL

City & State
Tampa FL

4. FEI Number **30-0001430** Applied For
 Not Applicable

Zip **34292** Country **USA**

Zip **33629** Country **USA**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: **AL O'Neill**

Street Address (P.O. Box Number is Not Acceptable)
Trenam Kemker, et al

101 E. Kennedy Blvd #2700

City **Tampa** State **FL** Zip Code **33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	BUENA VISTA HOSPITALITY GROUP			
	2910 W BAY TO BAY BLVD. #200			
	TAMPA FL 33629			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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.

SIGNATURE: *Al O'Neill* **REQUIRED**

4/2/03

813 221 7535

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

Date

Daytime Phone #

CR2E083 (10/02)