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2003 APR 21 PM 2:00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003778

1. Entity Name
PELICAN PALMS R.V. PARK, L.L.C.

900016378019
04/21/03--01035--013 **50.00

Principal Place of Business	Mailing Address
3700 GARCON POINT RD. MILTON, FL 32583	3700 GARCON ~~POINT~~ RD. ~~MILTON, FL~~ 32583

2. Principal Place of Business	3. Mailing Address
	P.O. Box 526
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BAGDAD, FL
Zip / Country	Zip: 32530 / Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 30-0040988 ☐ Applied For ☐ Not Applicable

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
BERRY, LEILA 3700 GARCON POINT RD. MILTON, FL 32583 MAILING ADDRESS P.O. BOX 526 BAGDAD, FL 32530	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 ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: MGR CO-OWNER NAME: LEILA BERRY STREET ADDRESS: P.O. Box 526 CITY-ST-ZIP: BAGDAD, FL 32530	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGR CO-OWNER NAME: JOYCE MARTIN STREET ADDRESS: P.O. Box 526 CITY-ST-ZIP: BAGDAD, FL 32530	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Leila Berry 14 Apr 02 850 623-0576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #