2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000003898

1. Entity Name

PELICAN BROTHERS, LLC



Principal Place of Business

11370 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408 Mailing Address

11370 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408

FILED Jul 19, 2006 8:00 am Secretary of State

07-19-2006 90094 006 ****50.00



07132006 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|----------------------------------|--|----------------|
| 04-3612141 | | Not Applicable |
| 5. Certificate of Status Desired | | Additional |

6. Name and Address of Current Registered Agent

KUSS, DAVID N KAUSS DAVID N 11370 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

| . 2. | | | |
|----------------|--|---|--------------------------------|
| | named entity submits this statement for the purpose of changing its rions of registered agent. | egistered office or registered agent, or both, in the State of Florida. | I am familiar with, and accept |
| | Signature, typed at printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature required when reinstating) | DATE |
| Fil | ing Foe is \$50.00 by Soptember 6, 2006 | | |
| 9. | · MANAGING MEMBERS/MANAGERS | | - |
| TITLE | MGR 3 | | |
| NAME | KAUSS, DAVID N | | |
| STREET ADDRESS | 11370 U.S. HIGHWAY ONE | i | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | |
| TITLE | MGR | | |
| NAME | TUSCHEN, LAWRENCE F | | |
| STREET ADDRESS | 11370 U.S. HIGHWAY ONE | | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | |
| TITLE | *** | | |
| NAME | | | |
| STREET ADDRESS | | DO NOT WD | ite i |
| CITY-ST-ZIP | | DO NOT WR | 11 = 1 |
| TITLE | · · · · · · · · · · · · · · · · · · · | IN THIS SPA | CE |
| NAME | | IN THIS STA | CE |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

rlistor

561-622-6800

Daytime Phone #