

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

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



02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3612141

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 of printed name of registered agent and the, if applicable, (NOTE: Registered Agent's signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KAUSS, DAVID N
11370 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TUSCHEN, LAWRENCE F
11370 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000709588
04/25/07-80008-023 50.00

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IN THIS SPACE**

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:

David N. Kauss DAVID N. KAUSS

2/2/07 561-622-6800

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

Date

Daytime Phone #