

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010706

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** CRAVEN-PELICAN BAY/RATTLESNAKE, L.L.C.

**Current Principal Place of Business:**

26381 SOUTH TAMiami TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26381 SOUTH TAMiami TRAIL  
SUITE 300  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 04-3657916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONROY, J. THOMAS III  
CONROY, COLEMAN & HAZZARD, P.A.  
2640 GOLDEN GATE PKWY, STE 115  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CRAVEN, RICHARD  
Address: 5200 WILSON ROAD, #201  
City-St-Zip: EDINA, MN 55424

Title: MGRM ( ) Delete  
Name: PELICAN BAY HOLDINGS, , L.L.C.  
Address: 26381 SOUTH TAMiami TRAIL SUITE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD CRAVEN

MGRM

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date