2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003
Secretary of State

DOCUMENT# L02000016433

Entity Name: PELICAN BAY HOLDINGS, L.L.C.

Current Principal Place of Business:

26811 SOUTH BAY DRIVE, SUITE 350
BONITA SPRINGS, FL 34134

New Principal Place of Business:

26811 SOUTH BAY DRIVE
SUITE 350
BONITA SPRINGS, FL 34134

Current Mailing Address:

26811 SOUTH BAY DRIVE, SUITE 350
BONITA SPRINGS, FL 34134

New Mailing Address:

26811 SOUTH BAY DRIVE
SUITE 350
BONITA SPRINGS, FL 34134

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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

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: CONROY, J THOMAS III 04/21/2003
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: NASHMAN, JAMES A
Address: % 26811 SOUTH BAY DRIVE, SUITE 350
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NASHMAN, JAMES A
Address: 26811 SOUTH BAY DRIVE, SUITE 350
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NASHMAN, JAMES A MGRM 04/21/2003
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date