


**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L02000017256</b>		
1. Entity Name <b>PELICAN GROUP, LLC</b>		
Principal Place of Business <b>429 SOUTH BEACH ROAD HOBE SOUND, FL 33455</b>	Mailing Address <b>429 SOUTH BEACH ROAD HOBE SOUND, FL 33455</b>	  01052007 No Chg-LLC      CR2E083 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number <b>22-3871509</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		
<b>KRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
U00000581278 01/10/07 00002.002 50.00		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DOMENCICH, THOMAS 429 SOUTH BEACH ROAD HOBE SOUND, FL 33455</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Thomas Domencich THOMAS DOMENCICA</u> 1-5-07 772-545-9571		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		