2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # L02000017256 PELICAN GROUP, LLC Principal Place of Business Mailing Address 429 SOUTH BEACH ROAD HOBE SOUND FL 33455 429 SOUTH BEACH ROAD HOBE SOUND FL 33455 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 22-3871509 Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAMER, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 853 SE MONTEREY COMMONS BLVD. STUART FL 34996 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both lin the State of Florida. I am familiar with, and accept the obligations of registered agent. S:GNATURE Signature, typed or primed name of registered agont and title if expressels (NOTE: Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** Delete TITLE ☐ Change Addition NAME DOMENCICH, THOMAS NAME U00000838154 03/05/08-80020-008 138.75 STREET ADDRESS 429 SOUTH BEACH ROAD STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZiP TOFFE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-2:P THILE Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ÁDDRESS CITY-ST-7IP CITY-ST-Z:P TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME STREET AUDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZiP TITLE ☐ Defete TITLE Change ncitibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-24P TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Thomas Characech 2-21-08
TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED