

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 032 ****55.00

DOCUMENT # L02000026379

1. Entity Name

PELICAN E-304, L.L.C.



Principal Place of Business

2401 S ATLANTIC AVE #E-304
NEW SMYRNA BEACH FL 32169

Mailing Address

4262 RUSHING RIVER RD
SEVIERVILLE TN 37876

2. Principal Place of Business

2401 S ATLANTIC AVE

Suite, Apt. #, etc.
APT. E-304

City & State
NEW SMYRNA BEACH, FL

Zip
32169

Country
U.S.

3. Mailing Address

2130 SHERIDAN ROAD

Suite, Apt. #, etc.

City & State
MT. DORA, FL

Zip
32757

Country
U.S.



MOORE

CR2E083 (4/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANDERSCHIED, ROBERT
2401 S ATLANTIC AVE #E-304
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

2130 SHERIDAN ROAD

City

MT. DORA

FL

Zip Code

32757

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MANDERSCHIED, ROBERT
STREET ADDRESS 2401 S ATLANTIC AVE #E-304
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

8/4/04 352-383-7110

Date

Daytime Phone #