

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-01-2003 90271 021 ****50.00

DOCUMENT # L02000026379

1. Entity Name

PELICAN E-304, L.L.C.



Principal Place of Business

695 TARPON BAY ROAD
SANIBEL ISLAND FL 33957

Mailing Address

C/O ISLAND FINANCIAL SERVICES, INC.
695 TARPON BAY ROAD, #5
SANIBEL FL 33957

44004925

2. Principal Place of Business

2401 South Atlantic
Suite, Apt. #, etc. # E-304
AVE

3. Mailing Address

4262 Rushing River
Suite, Apt. #, etc. 2RD.

☐ CHECK HERE IF MAKING CHANGES

City & State

New Smyrna Beach FL
Zip 32169 Country USA

City & State

Sevierville TN
Zip 37876 Country USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, DAVID
695 TARPON BAY ROAD
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name Robert Manderscheid

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

2401 South Atlantic AVE

E-304

City New Smyrna Beach FL

Zip Code 32169

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]

Signature (hand or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/25/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☒ Add ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
2401 S. ATLANTIC AVE # E-304
NEW SMYRNA BEACH FL 32169

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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]*

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

4/25/03

DATE

Daytime Phone #

865
436-7998

CR2E083 (10/02)