


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000917	
1. Entity Name PELICAN PROPERTIES, LLC	
	
Principal Place of Business 404 WEST ROAD CAIRO, GA 31728-5201	Mailing Address 404 WEST ROAD CAIRO, GA 31728-5201



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0944594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MOWREY, RONALD A MOWREY & BIGGINS, P.A. 515 NORTH ADAMS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, EMMET III 350 OLD BOSTON ROAD THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Correction:</i> JOHNSON, TODD TODD 404 WEST ROAD CAIRO, GA 31728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/21/05-80071-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Emmett Mitchell III* **Emmett Mitchell III**
3/17/05 229-228-1852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #