


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
08 FEB 21 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business - No P.O. Box # 350 Old Boston Road			3. Mailing Address PO Box 5768		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Thomasville, GA 31792			City & State Thomasville, GA 31758		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  MOWREY, RONALD A MOWREY & BIGGINS, P.A. 545 NORTH ADAMS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent  Name Charles R. Gardner Street Address (P.O. Box Number is Not Acceptable) 1300 Thomaswood Drive  City Tallahassee FL Zip Code 32308	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <del>MITCHELL, EMMETT III</del> Mitchell, Emmett, III 350 OLD BOSTON ROAD THOMASVILLE, GA 31792			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400119932074</b> <b>03/11/08--01010--025 **138.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <del>JOHNSON, TODD</del> <del>404 WEST ROAD</del> <del>CAIRO, GA 31728</del>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Emmett Mitchell III</u>				Date: 2/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	