

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000005537

1. Entity Name
VIA PELICANO LLC



Principal Place of Business
800 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

Mailing Address
800 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401



01132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3740144

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARSENANLT, GERARD
800 N FLAGLER DRIVE
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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 renouncing)

UN0000461824

03/23/06-130017-003 50.00

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ARSENUALT, GERARD
STREET ADDRESS 800 N FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE MGR
NAME HAMILTON, HARRY & LEE
STREET ADDRESS 800 N FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE MGR
NAME LEVY, MEL
STREET ADDRESS 800 N FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

2/22/06 (561)655-3111
Date Daytime Phone #

Gerard Arsenault