


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000009759</b> 1. Entity Name PELICAN CREEK INVESTORS GROUP, LLC	
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Principal Place of Business 124 ROSE LANE NAPLES, FL 34114	Mailing Address 124 ROSE LANE NAPLES, FL 34114
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01302007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-0940495	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MARC F. OATES, P.A. 5515 BRYSON DRIVE SUITE 502 NAPLES, FL 34109
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**DO NOT WRITE  
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 reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LACOMBE, GEORGE J 10 ACACIA AVE./WESTON ONTARIO CANADA M9M 1H7,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JULIANO, JOHN J 209 MEADOW STREET AGAWAM, MA 01001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REED, BOB G 124 ROSE LANE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REED, BARBARA B 124 ROSE LANE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FEDOR, RANA K 1481 N. 750 E. WHITESTOWN, IN 46075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARTMAN, GARY L 1595 N. 750 E. WHITESTOWN, IN 46075

U00000633306  
02/21/07-80058-004 55.00

**DO NOT WRITE  
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

1/29/07 317 769 4297  
Date Daytime Phone #