

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000009759

1. Entity Name
PELICAN CREEK INVESTORS GROUP, LLC



Principal Place of Business
124 ROSE LANE
NAPLES, FL 34114

Mailing Address
124 ROSE LANE
NAPLES, FL 34114



02012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0940495

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARC F. OATES, P.A.
5515 BRYSON DRIVE
SUITE 502
NAPLES, FL 34109

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LACOMBE, GEORGE J
STREET ADDRESS 10 ACACIA AVE./WESTON ONTARIO
CITY-ST-ZIP CANADA M9M 1H7,

TITLE MGRM
NAME JULIANO, JOHN J
STREET ADDRESS 209 MEADOW STREET
CITY-ST-ZIP AGAWAM, MA 01001

TITLE MGRM
NAME REED, BOB G
STREET ADDRESS 124 ROSE LANE
CITY-ST-ZIP NAPLES, FL 34114

TITLE MGRM
NAME REED, BARBARA B
STREET ADDRESS 124.ROSE LANE
CITY-ST-ZIP NAPLES, FL 34114

TITLE MGRM
NAME FEDOR, RANA K
STREET ADDRESS 1481 N. 750 E.
CITY-ST-ZIP WHITESTOWN, IN 46075

TITLE MGRM
NAME ARTMAN, GARY L
STREET ADDRESS 1595 N. 750 E.
CITY-ST-ZIP WHITESTOWN, IN 46075

U000000811583
02/12/08-80010-015 138.75

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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

2/1/08 3177694297
Date Daytime Phone #