2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 02, 2005 08:00 AM Secretary of State DOCUMENT # L03000013772 1. Entity Name PELICAN MANAGEMENT, LLC Principal Place of Business Mailing Address 121 BRISTOL STREET 121 BRISTOL STREET SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number City & State City & State Applied For 51-0472226 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHIEFELBEIN, NICHOLAS R Street Address (P.O. Box Number is Not Acceptable) 121 BRISTOL STREET SEBASTIAN FL 32958 Zip Code 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 famillar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. HILE HILE . Delete Change ☐ Addition NAME SCHIEFLBEIN, NICHOLAS R NAME STREET ADDRESS 121 BRISTOL STREET STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP SEBASTIAN FL 32958 TITLE ☐ Delete TITLE ☐ Change ☐ Addition U00000351399 NAME NAME 05/02/05-80142-023 158.75 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 11111 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Hit ☐ Delete THELE ☐ Change STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE F Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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SIGNATURE: NIC L. Las M. S. Lic Jelki 4/3./05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEN, OR AUTHORIZED REPRESENTATIVE Date Devictor Phone #

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19 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