2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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Managina Member

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

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L03000016864 1. Entity Name 04-26-2004 90038 013 ****55.00 PELICAN EQUITY MGT., LLC Mailing Address Principal Place of Business 11548 DELMAR AVENUE 11548 DELMAR AVENUE ORLANDO FL 32836 ORLANDO FL 32836 24053688 2. Principal Place of Business 3. Mailing Address 1023 5. Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) 52-2442166 Applied For City & State 4. FEI Number City & State Dinter 52-2442161 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAUGHES SIKES, RONALD W Street Address (P.O. Box Number is Not Acceptable) 111 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO FL 32801 OKLANDO Zip Code 32836 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 Alan Haughet Managing Member duttle it applicable. (MOTE: Registered abent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE ☐ Change ☐ Addition **MGRM** ☐ Delete TITLE HAUGHEY, ALAN C NAME NAME STREET ADDRESS STREET ADDRESS 11548 DELMAR AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTRLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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