07/07/2004 12:44 5853813131 BONADIO CO CI

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90131 037 ****50.00

DOCUMENT # L03000023815

1. Entity Name
PELICAN POINT PROPERTIES, LLC

14U25265

02022004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
2808 NE 25TH STREET FORT LAUDERDALE, FL 33305 US	2808 NE 25TH STREET FORT LAUDERDALE, FL 33305 US

2. Principal Place of Business	3. Mailing Address
Pelican Point LLC	180 SW 3rd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton, Bch, Fl	City & State
Zip: 33435 Country: USA	Zip Country

4. FEI Number: 42 15 98 721 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BILLITIER, DAVID
2808 NE 25TH STREET
FORT LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 familiar with, and accept the obligations of registered agent.

SIGNATURE Dave Billitier DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BILLITIER, DAVID 2808 NE 25TH STREET FORT LAUDERDALE, FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BILLITIER, RONALD J 2808 NE 25TH STREET FORT LAUDERDALE, FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BILLITIER, RONALD D 2808 NE 25TH STREET FORT LAUDERDALE, FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Dave Billitier July 1, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #