## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042094

Entity Name: PELEKAN PARTNERS, LLC

FILED Jan 20, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

736 JENKS AVENUE 3190B MATECUMBE KEY RD. PANAMA CITY, FL 32402 YACHTING VACATIONS

PUNTA GORDA, FL 33955

**Current Mailing Address: New Mailing Address:** 

2479 PEACHTREE ROAD, NE P.O. BOX 1938 PANAMA CITY, FL 32402

SUITE 1414

ATLANTA, GA 30305

FEI Number: 75-3137797 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLZ, RAYMOND A YACHTING VACATIONS, INC 3190B MATECUMBE KEY RD. 736 JÉNKS AVENUE PANAMA CITY, FL 32402 US PUNTA GORDA, FL 33955

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.

SIGNATURE: CHRIS ROGIERS 01/20/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

GOLZ, RAYMOND A Name: Name: Address: 229 WHITE SANDS DRIVE Address: City-St-Zip: PORT ST. JOE, FL 32456 US City-St-Zip:

Title: MGRM ( ) Delete Title: () Change () Addition

Name: GOLZ, DIANE D Name: Address: 229 WHITE SANDS DRIVE Address: City-St-Zip: PORT ST. JOE, FL 32456 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND A. GOLZ **MGRM** 01/20/2006