

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002991

**FILED**  
**Jul 10, 2008**  
**Secretary of State**

**Entity Name:** PELICAN ACQUISITION, LLC

**Current Principal Place of Business:**

372 BARFIELD HWAY  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FIVE S CAPITAL, LTD  
5151 MITCHELLDALE - SUITE B-2  
HOUSTON, TX 77092

**New Mailing Address:**

**FEI Number:** 20-0570612      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KALAPOUTIS, TASO  
372 BARFIELD HWAY  
PAHOKEE, FL 33476      US

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

BROOKS, GENE  
372 BARFIELD HWAY  
PAHOKEE, FL 33476      US

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: GENE BROOKS

07/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KALAPOUTIS, TASO  
Address: 400 MADISON AVENUE, SUITE 1101  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: KALAPOUTIS, TASO  
Address: 5151 MITCHELLDALE, SUITE B-2  
City-St-Zip: HOUSTON, TX 77092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: TASO KALAPOUTIS

MGR

07/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date