

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012117

Entity Name: PELICAN RESORT, LLC

FILED  
Jan 11, 2006  
Secretary of State

**Current Principal Place of Business:**

2 KINGBIRD LANE  
KEY WEST, FL 33040

**New Principal Place of Business:**

PO BOX 6234  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

2 KINGBIRD LANE  
KEY WEST, FL 33040

**New Mailing Address:**

PO BOX 6234  
JENSEN BEACH, FL 34957

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

PRIBRAMSKY, STEVEN  
937 FLEMING ST  
KEY WEST, FL 33040    US

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

INDIAN RIVER PLANTATION PROPERTIES, LLC  
145 NE EDGEWATER DRIVE  
SUITE 4101  
STUART, FL 34996 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: ED OHLSON

01/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      OHLSON, ED  
Address:                      2 KINGBIRD LN  
City-St-Zip:                      KEY WEST, FL 33040

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      (X) Change ( ) Addition  
Name:                      OHLSON, ED  
Address:                      PO BOX 6234  
City-St-Zip:                      JENSEN BEACH, FL 34957

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      OHLSON, KRISTINE  
Address:                      PO BOX 6234  
City-St-Zip:                      JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the 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: ED OHLSON

MGRM

01/11/2006

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