2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000012158

1. Entity Name

Principal Place of Business

PELICAN REEF MARINA, LLC



Mailing Address

1301 PLANTATION ISLAND DR, STE 206B ST AUGUSTINE, FL 32080

POST OFFICE DRAWER 70 ST AUGUSTINE, FL 32085-0070

FILED Apr 20, 2006 08:00 AN Secretary of State



01172006No Chg-LLC

CR2E083 (11/05)

I. FEI Number	Applied For
16-1695598	Not Applicable
	4

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

1301 PLAI	DN, PAUL J NTATION ISLAND DR, STE 206B STINE, FL 32080		IOT WRITE IIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in	o the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	to the second se	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, PAUL J POST OFFICE DRAWER 70 ST AUGUSTINE, FL 320850070		U00000520518
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/02/06-80099-805 50.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and the second s
11. I hereby indicated limited lis	certify that the information supplied with this filing does not if on this report is true and accurate and that my signature sublitiv company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Finall have the same legal effect as if made under cath; scule this report as required by Chapter 608. Florida Si	Florida Statutes. I further certify that the information that I am a managing member or manager of the latutes.

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	4-12-06 Date	964-471-4800 Daylime Phone #
1)/1/2/		