2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000012158

1. Entity Name

PELICAN REEF MARINA, LLC



Principal Place of Business

SIGNATURE:

1301 PLANTATION ISLAND DR, STE 2068

ST AUGUSTINE, FL 32080

Mailing Address

POST OFFICE DRAWER 70 ST AUGUSTINE, FL 32085-0070

FILED Apr 13, 2007 08:00 Al Secretary of State



03152007 No Chg-LLC

CR2E083 (11/05)

Fee Required

| 4. FEI Number | | | Applied For |
|----------------------------------|-------|----|----------------|
| 16-1695598 | | | Not Applicable |
| 5. Certificate of Status Desired | \$5.0 | 00 | Additional |

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

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

| the obliga | tions of registered agent. | g. g to regional enter or regional to ag | | | | | |
|--|---|--|--|--|--|--|--|
| SIGNATURE. | Signature typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when re | instating) DATE | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR THOMPSON, PAUL J POST OFFICE DRAWER 70 ST AUGUSTINE, FL 320850070 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 000000706341 04/24/07-80029-023 50.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , . | DO NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE