


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90073 018 ***138.75

DOCUMENT # L04000012158	
1. Entity Name PELICAN REEF MARINA, LLC	

Principal Place of Business 1301 PLANTATION ISLAND DR, STE 206B ST AUGUSTINE, FL 32080	Mailing Address POST OFFICE DRAWER 70 ST AUGUSTINE, FL 32085-0070
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2. Principal Place of Business - No P.O. Box # 601 S PONCE DE LEON BLVD	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. STE B	Suite, Apt. #, etc.
City & State ST AUGUSTINE FL	City & State
Zip 32084	Country USA

6. Name and Address of Current Registered Agent THOMPSON, PAUL J 1301 PLANTATION ISLAND DR, STE 206B ST AUGUSTINE, FL 32080	
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60019406



03182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 16-1695598	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 the obligations of registered agent.	
SIGNATURE <u>PAUL J THOMPSON, MGR.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3/20/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, PAUL J POST OFFICE DRAWER 70 ST AUGUSTINE, FL 320850070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>PAUL J THOMPSON</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>3/20/2008</u> 904 825-1754 <small>Daytime Phone #</small>