

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046978

Entity Name: EMERALD PELICAN LLC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

P. O. BOX 536  
WINSTON, GA 30187

## New Principal Place of Business:

417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 32301 US

## Current Mailing Address:

P.O. BOX 536  
WINSTON, GA 30187

## New Mailing Address:

FEI Number: 20-1299069      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:

## Name and Address of New Registered Agent:

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 323011283 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KELLEY, BENJAMIN  
Address: P.O. BOX 536  
City-St-Zip: WINSTON, GA 30187

Title: MGRM ( ) Delete  
Name: KELLEY, SABINE  
Address: P.O. BOX 536  
City-St-Zip: WINSTON, GA 30187

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SABINE KELLEY

MGRM

05/01/2008

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