

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90070 024 \*\*\*\*50.00

**DOCUMENT # L04000054941**

1. Entity Name

PELICAN WAY PROPERTIES LLC



Principal Place of Business

108 BORDEAUX CIRCLE  
NAPLES, FL 34112

Mailing Address

108 BORDEAUX CIRCLE  
NAPLES, FL 34112

**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROWLAND, WALTER M  
108 BORDEAUX CIRCLE  
NAPLES, FL 34112

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROWLAND, WALTER M  
108 BORDEAUX CIRCLE  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROWLAND, SHERYL K  
108 BORDEAUX CIRCLE  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MILLS, MARTHA L  
4400 13TH PLACE  
KENOSHA, WI 53144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Walter M. Rowland*  
Jan 17, 2006 239/595-1547