

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055424

FILED
Mar 09, 2005
Secretary of State

Entity Name: PELICAN BAY INVESTORS, LLC

Current Principal Place of Business:

8111 BAY COLONY DRIVE
#802
NAPLES, FL 34108

New Principal Place of Business:

6597 NICHOLAS BOULEVARD
PH 11
NAPLES, FL 34108

Current Mailing Address:

8111 BAY COLONY DRIVE
#802
NAPLES, FL 34108

New Mailing Address:

6597 NICHOLAS BOULEVARD
PH11
NAPLES, FL 34108

FEI Number: 20-1993773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMITTE, THOMAS C
8111 BAY COLONY DRIVE
#802
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

COMMITTE, THOMAS C
6597 NICHOLAS BOULEVARD
PH 11
NAPLES, FL 34108 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:

03/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DRAPER, JOHN J
Address: 410 FLAGSHIP DRIVE #301
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: COMMITTE, THOMAS C
Address: 8111 BAY COLONY DRIVE #802
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: COMMITTE, THOMAS C
Address: 6597 NICHOLAS BOULEVARD PH 11
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT MANSPEAKER

CONT

03/09/2005

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