


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 027 ****50.00

DOCUMENT # L04000058231	
1. Entity Name PELICAN LARRY'S SOUTH, LLC	

Principal Place of Business 1046 PINE RIDGE ROAD NAPLES, FL 34108	Mailing Address 2220 J & C BOULEVARD, #8 NAPLES, FL 34109
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2. Principal Place of Business (No P.O. Box #) 7785 Davis Blvd.	3. Mailing Address
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc.
City & State Naples, FL	City & State
Zip 34104 Country Collier	Zip Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1756556

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	
COHEN, HENRY C 27200 RIVERVIEW CTR. BLVD. SUITE 309 BONITA SPRINGS, FL 34134	

7. Name and Address of New Registered Agent

Name **Patty A. Walbert**

Street Address (P.O. Box Number is Not Acceptable)
2220 J & C Blvd. #8

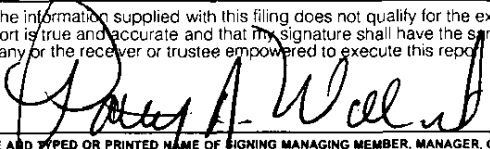
City **Naples, FL** Zip **34109**

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, 2007		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEYLER, RANDALL J 1046 PINE RIDGE ROAD NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2220 J & C Blvd. #8 Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALBERT, PATRICIA A 1046 PINE RIDGE ROAD NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2220 J & C Blvd. #8 Naples, FL 34109 <input checked="" 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
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
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
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:  **5-1-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #