# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000065257**

1. Entity Name
PENSACOLA PELICAN, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2909 BOONE DRIVE<br>LAGO VISTA, TX 78645 | 2909 BOONE DRIVE<br>LAGO VISTA, TX 78645 |

06092006    Chg-LLC    CR2E083 (11/05)

| 2. Principal Place of Business | 3. Mailing Address *20440 Donovan Dr* | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State *Seminole, AL* | 4. FEI Number **35-2236949** / Applied For / Not Applicable |
| Zip | Country / Zip *36574* / Country *Baldwin* | 5. Certificate of Status Desired ☐ / **$5.00** Additional Fee Required |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HOSMAN, JOHN D<br>O'SULLIVAN CREEL, LLP; 316 S. BAYLEN ST.<br>PENSACOLA, FL 32502 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City          FL    Zip Code |

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**<br>**Due by September 6, 2006** | | **Make check payable to**<br>**Florida Department of State** |
|---|---|---|

| 9. | MANAGING MEMBERS/MANAGERS | | 10. | ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|---|
| TITLE | MGRM | ☐ Delete | TITLE | | ☒ Change | ☐ Addition |
| NAME | A & D HOLDINGS, LLC | | NAME | *20440 Donovan Dr.* | | |
| STREET ADDRESS | 2909 BOONE DRIVE | | STREET ADDRESS | *Seminole, AL 36574* | | |
| CITY-ST-ZIP | LAGO VISTA, TX 78645 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |

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: *Angia L. Hosman*    *6-21-06*    *251-946-2466*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #

*Angia L. Hosman*